

FILED JAN 21 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1759

STATE FILE NUMBER

Registration-District No. 160 Primary Registration District No. 559V Registrar's No. 6

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFF.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CRYSTAL CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. MEMORIAL Hospital			Length of stay in 1b			d. STREET ADDRESS (If outside, give location) 209 WALNUT ST.	
3. NAME OF DECEASED (Type or print) First ALFRED Middle J. Last ROTH, SR.				4. DATE OF DEATH Month JAN Day 8 Year 1958			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH DEC. 17, 1882	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY P.P.G.CO.		11. BIRTHPLACE (City and state or country) ZELL, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ANDREW ROTH				14. MOTHER'S MAIDEN NAME LOUISE FELLERT			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO.		16. SOCIAL SECURITY NO. ---		17. INFORMANT Address ALFRED ROTH, JR. CRYSTAL CITY, MO			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized arteriosclerosis DUE TO (c) Coronary thromboses						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour --- Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Law, P, MO		COUNTY STATE	
21. I attended the deceased from December, 1951 to January 8, 1958 and last saw ^{her} him alive on Jan 7, 58 Death occurred at _____ m on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE [Signature] (Degree or title)				22b. ADDRESS [Address]		22c. DATE SIGNED 1/9/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-11-58		23c. NAME OF CEMETERY OR CREMATORY CATHOLIC		23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.	
24. FUNERAL DIRECTOR ADDRESS GENTRY R. POLITTE CRYSTAL CITY,				25. DATE RECD. BY LOCAL REG. 1-9-58		28. REGISTRAR'S SIGNATURE [Signature]	

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
1-15-58

RECEIVED
JAN 15 1958
U.S.A.
LOUISIANA
STATE OF MISSOURI
DEPARTMENT OF HEALTH
HILLSBORO, MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Charles R. Tol*
Licensed Embalmer No.
P. O. Address *Creston*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.