

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013066

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY ADAIR				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SHELBY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CLARENCE MO		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAUGHLIN HOSP			Length of stay in lb 3 wks	d. STREET ADDRESS (If outside, give location) RURAL ROUTE			
3. NAME OF DECEASED (Type or print) First JOSEPH Middle LE ROY Last ROADY				4. DATE OF DEATH Month APRIL Day 8 Year 1958			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 16, 1884	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY COAL MINING		11. BIRTHPLACE (City and state or country) SCRANTON KANSAS		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME PETER ROADY				14. MOTHER'S MAIDEN NAME JULIA ROACH			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 323-01-2208		17. INFORMANT Address MRS PHOEBE ROADY CLARENCE 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) Broncho pneumonia						INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Myocardial decompensation				3 mos.	
		DUE TO (c) Chronic bronchial asthma		241X		yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						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 _____ 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		COUNTY	STATE
21. I attended the deceased from 3-13-58 to 4-8-58 and last saw her alive on 4-7-58 Death occurred at 2:25 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) H. D. McClure, D.O.				22b. ADDRESS Kirksville, Missouri		22c. DATE SIGNED 4-11-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 4-10-58	23c. NAME OF CEMETERY OR CREMATORY MAPLEWOOD CEMETERY		23d. LOCATION (City, town, or county) CLARENCE MO		(State)	
24. FUNERAL DIRECTOR GREENING FUNERAL HOME CLARENCE MO			25. DATE RECD. BY LOCAL REG. 4-12-1958		26. REGISTRAR'S SIGNATURE Doris W. Ratliff		

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
0
300
1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. No standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 18 1958

SEP 5 1958

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *Charles V. Green*

Licensed Embalmer No. *46*

P. O. Address *Ch...*

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.