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FILED MAY 5 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-013350
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 457

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. Meth. Hosp. — Length of stay in 1b life	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan 0117 c. CITY OR TOWN St. Joseph — Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) 2602 S. 15th St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ROY Middle E. Last ROTE

4. DATE OF DEATH: Month April Day 27 Year 1958

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: July 31, 1892

9. AGE (In years last birthday): 65 — 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): proprietor

10b. KIND OF BUSINESS OR INDUSTRY: Liquor Store

11. BIRTHPLACE (City and state or country): St. Joseph, Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Harmon Rote

13b. MOTHER'S MAIDEN NAME: Estelle Bundy

14. NAME OF HUSBAND OR WIFE: Jessie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: 491-09-4946

17. INFORMANT: Mrs. Roy E. Rote, Address: 2602 S.15th, St. Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive Heart failure	12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Asthma	6 Months
DUE TO (c)	241X	

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 [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Oct 29 - 1957, to Apr 27-58 and last saw ~~her~~ him alive on Apr 27-1958
Death occurred at 10:53a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title) MD 0

22b. ADDRESS: St. Joseph St Joseph Mo

22c. DATE SIGNED: Apr 28-58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 4/ 29/1958

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR: Heaton-Bowman ADDRESS: St.Joseph,Mo.

25. DATE RECD. BY LOCAL REG.: April 30, 1958

26. REGISTRAR'S SIGNATURE: Mrs. Clark Hardell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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Dr. Craig
Fourth St. J.

MAY 8 1958

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 Theron O Smith

Licensed Embalmer No. 3928

P. O. Address St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.