

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD DIVISION OF HEALTH OF DEATH

58-015355

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 294 Primary Registration District No. 2056 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Moberly</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Moberly</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wabash Employes' Hospital</b>		Length of stay in 1b <b>2 Days</b>	d. STREET ADDRESS (If outside, give location) <b>804 Monroe Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>WILLIAM FLETCHER ROACH</b>			4. DATE OF DEATH Month <b>April</b> Day <b>8</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 18, 1900</b>		9. AGE (In years last birthday) <b>57</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer - Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash RR Company</b>	11. BIRTHPLACE (City and state or country) <b>Slater Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>William J. Roach</b>			14. MOTHER'S MAIDEN NAME <b>Ida B. Clement</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name or unknown) (If yrs. give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>702-05-3888</b>	17. INFORMANT Address <b>Mrs. John K. McKinney, Moberly, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchial Asthma, chronic</b>					INTERVAL BETWEEN ONSET AND DEATH Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<b>241X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Cardiac decompensation</b>					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 COUNTY STATE	
21. I attended the deceased from <b>April 6, 1958</b> to <b>April 8, 1958</b> and last saw him <sup>alive</sup> on <b>April 7, 1958</b> . Death occurred at <b>12:58 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>L. K. Moberly, M.D., Surgeon in Charge</b>			22b. ADDRESS <b>Wabash Employes' Hospital Moberly, Missouri</b>		22c. DATE SIGNED <b>4/8/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>April, 10, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Memorial Gardens</b>		23d. LOCATION (City, town, or county) (State) <b>Moberly, Missouri.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Cater Funeral Home, Moberly, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>4-10-58</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 18 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 *Jerry R. Carter*

Licensed Embalmer No. *4906*

P. O. Address *Moberly, Mo.*

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.