

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019043
STATE FILE NUMBER

FILED JUN 11 1958

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Charleston 06720
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 202 W. Commercial		Length of stay in 1b 3 Yrs.	d. STREET ADDRESS (If outside, give location) 202 W. Commercial
3. NAME OF DECEASED (Type or print) First Middle Last Wiley Emmerson Roush			4. DATE OF DEATH Month Day Year 5/17/58
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 1/9/1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain Co.		10b. KIND OF BUSINESS OR INDUSTRY Cotton & Grain	9. AGE (In years last birthday) 78
11. BIRTHPLACE (City and state or country) Zanesville, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Nellie Roush
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-07-2311	17. INFORMANT Address Mildred Webb, Rt. 1 Beebe, Ark.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) generalized arteriosclerosis DUE TO (c) 4201			INTERVAL BETWEEN ONSET AND DEATH 6 days 5 years
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 May 12, 1958, to May 17, 1958, and last saw him alive on May 12, 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M.D. Davis M.D.		22b. ADDRESS Charleston Mo	22c. DATE SIGNED 5-19-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/20/58	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) (State) Charleston, Mo.
24. GENERAL DIRECTOR ADDRESS Edward E. J. ... The Numeree Funeral Chapel Charleston, Mo.		25. DATE RECD. BY LOCAL REG. 6-6-58	26. REGISTRAR'S SIGNATURE Dorothy B. Hathorn

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED
Miss. Co. Health
County File No. _____
Date Filed 6-

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 Edward E. Finley

Licensed Embalmer No. 4164
P. O. Address Silveston, Va

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.