

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022838

STATE FILE NUMBER

FILED JUN 25 1958 Registration District No. 276 Primary Registration District No. 5945 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dillon Twp		c. CITY OR TOWN Dillon Twp	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION None		d. STREET ADDRESS Dillon Twp	

3. NAME OF DECEASED (Type or print) Edward William Roark	4. DATE OF DEATH June 19, 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 21, 1884	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 4 Days 28	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber worker	10b. KIND OF BUSINESS OR INDUSTRY Timber	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME William Roark	14. MOTHER'S MAIDEN NAME Emma Gillmore
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. 489-32-9106	17. INFORMANT Mrs Raymond Broccard, St. James
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Arteriosclerosis Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH
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18. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331X	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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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
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21. I attended the deceased from 4-17-1955 to 6-19-58 and last saw him alive on 6-16-58
Death occurred at 3:35 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) J. J. Grosskreutz, M.D. St. James, Mo.	22b. ADDRESS	22c. DATE SIGNED 6/20/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 21, 1958	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	23d. LOCATION (City, town, or county) (State) St. James, Mo.
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24. FUNERAL DIRECTOR Jesse Galt - St. James, Mo.	25. DATE RECD. BY LOCAL REG. June 20, 1958	26. REGISTRAR'S SIGNATURE Ruth B. Powell
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(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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

Phelps County Health Officer,

County File Number 1079

Date Filed 6/24/58

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

Jesse Gahr

Licensed Embalmer No. 445

P. O. Address St. James

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (It is to comply with the above constituted 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.