

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037368

STATE FILE NUMBER

FILED NOV 5 1958

Registration District No. 275 Primary Registration District No. 5938 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Near Newburg</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>NEAR Newburg</u> 0810
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Arlington Twp</u>		Length of stay in lb <u>years</u>	d. STREET ADDRESS (If outside, give location) <u>N.E. of Newburg</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ALVA ARNOLD ROACH</u>			4. DATE OF DEATH Month Day Year <u>Oct 28 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 27, 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GENERAL</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <u>68 3 1</u>
11. BIRTHPLACE (City and state or country) <u>Phelps Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Roach MARION THOMAS</u>		13b. MOTHER'S MAIDEN NAME <u>SUZANNA Paulsell</u>	14. NAME OF HUSBAND OR WIFE <u>Lucille Roach</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-30-9671</u>	17. INFORMANT Address <u>Hugh A. Roach Newburg</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio-vascular-renal disease</u> DUE TO (b) <u>Nephritis, hypertension, Rheumatism</u> DUE TO (c) <u>Heart</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>5 yrs</u>
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 <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 <u>Nov 6 1949</u> to <u>Oct 28 1958</u> and last saw her alive on <u>Oct 28 1958</u> Death occurred at <u>7:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Richard E. Myers</u>		22b. ADDRESS <u>Newburg, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Oct 31, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Roach Cemetery</u>
24. FUNERAL DIRECTOR <u>Lee Johnson</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 28, 1958</u>	23d. LOCATION (City, town, or county) (State) <u>North of Newburg Mo.</u>
ADDRESS <u>Newburg Mo</u>		26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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Date Filed *November 3, 1948*

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 *William Lee Strawhorn*

Licensed Embalmer No. *5043*

P. O. Address *Newburg, Md.*

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.