THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008200

STATE FILE NUMBER

MAR 17 1959 Registration District No. 363 Primary Registration District No. 6236 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY: Warren	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Warren
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Dutzow — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Dutzow 1090 0 — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): none — Length of stay in lb: 75 yrs.	d. STREET ADDRESS (If outside, give location): none — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First John Middle Anton Last Roesner

4. DATE OF DEATH: Month Feb. Day 12 Year 1959

5. SEX: Male

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: Aug. 5, 1878

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 6 Days 7 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: General Store

11. BIRTHPLACE (City and state or country): St. Charles Co., Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Theodore Roesner

13b. MOTHER'S MAIDEN NAME: Caroline Kuemper

14. NAME OF HUSBAND OR WIFE: Frances M. Roesner

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Frances M. Roesner, Address: Dutzow, 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)	Cardio-Vascular Renal Disease	6 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	gen'l arteriosclerosis	10 yrs
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 442 x

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 1929, to Feb 12 1959 and last saw her/him alive on Feb 11 1959

Death occurred at 4:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

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

22b. ADDRESS: Marthasville Mo

22c. DATE SIGNED: 2-13-59

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

23b. DATE: Feb. 16, 1959

23c. NAME OF CEMETERY OR CREMATORY: St. Vincent's Cemetery

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

24. FUNERAL DIRECTOR: Nieburg & Vitt, Inc. ADDRESS: Washington, Mo. L. H. Vitt.

25. DATE RECD. BY LOCAL REG.: Feb 14/59

26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 24 1959

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 Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, D.

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.