

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014485
STATE FILE NUMBER

FILED MAY 1 1959 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Moberly</u> TOWN		c. CITY OR TOWN <u>Gilliam</u> 0710 Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>6 miles SE Gilliam, Mo.</u>	
Length of stay in lb <u>few hrs.</u>		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First <u>Carl</u> Middle <u>Wood</u> Last <u>Romine, Sr.</u>		4. DATE OF DEATH Month <u>April</u> Day <u>17</u> Year <u>1959</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>Oct. 30, 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Arrow Rock, Missouri</u>
13a. FATHER'S NAME <u>Abraham Romine</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Thornton</u>	14. NAME OF HUSBAND OR WIFE <u>Rosie Romine</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WW#1</u>		16. SOCIAL SECURITY NO. <u>498-32-2384</u>	17. INFORMANT Address <u>RR#2 Slater, Mo.</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>Corgeptive Failure</u> DUE TO (b) <u>Pulmonary Congestion &</u> DUE TO (c) <u>mitral Stenosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>410X</u>			INTERVAL BETWEEN ONSET AND DEATH
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 <u>a.m.</u> Month, Day, Year <u>p.m.</u>			
20d. INJURY OCCURRED WHILE AT ☐ 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 <u>1950</u> to <u>1959</u> and last saw him alive on <u>April 17, 1959</u> Death occurred at <u>1:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>2</u>		22b. ADDRESS <u>Slater, Mo</u>	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Apr. 19, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Arrow Rock</u>	23d. LOCATION (City, town, or county) (State) <u>Arrow Rock, Mo.</u>
24. FUNERAL DIRECTOR <u>Haines Funeral Home, Slater, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>May 1 1959</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

0261 MAY 6 1959

MAY 7 1959

0261 MAY 5 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 *Walter J. Haines*

Licensed Embalmer No. *4557*

P. O. Address *Sharon, M.*

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.