

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016530

STATE FILE NUMBER

FILED MAY 5 1959 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 103

5. 300
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Eldorado Spg's 02010
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Tate Home		Length of stay in 1b	d. STREET ADDRESS W. Cruce (If outside, give location)
3. NAME OF DECEASED (Type or print) First Mary Middle Last Romesburg		4. DATE OF DEATH Month 5- Day I Year 1959	
5. SEX Female	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 1-11-72
9a. USUAL OCCUPATION (Give kind of work done during last 12 months, or if retired)		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years at birthday) 87
housewife		Dallis Co. Mo.	10. FUNDER YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
U.S.A.		U.S.A.	
13a. FATHER'S NAME James Milligan		13b. MOTHER'S MAIDEN NAME Sarah Miller	14. NAME OF HUSBAND OR WIFE A.J. Romesburg
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no , give war or dates of service)		16. SOCIAL SECURITY NO. ---	17. INFORMANT Address Mrs Sam Demmick Eldorado Spg's
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure			INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Previous stroke - February 1959			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 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
21. I attended the deceased from February 24, 1959 to May 1, 1959 and last saw her ^{her} him alive on April 30, 1959 Death occurred at Nevada, Missouri 6:55 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>L. P. McCann</i> L. P. McCann, M. D. (Degree or title)		22b. ADDRESS Moore Building - Nevada, Mo.	22c. DATE SIGNED May 1, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-3-59	23c. NAME OF CEMETERY OR CREMATORY City	23d. LOCATION (City, town, or county) (State) Eldorado Spg's Mo.
24. FUNERAL DIRECTOR Nafus Eldorado Spg's Mo ADDRESS	25. DATE RECD. BY LOCAL REG. 5-2-1959	26. REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i>	

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 *George Mofas*

Licensed Embalmer No. *2752*

P. O. Address *2 Dorado St*

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.