

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022574

FILED JUN 30 1959

Registration District No. 311 Primary Registration District No. 4456 STATE FILE NUMBER Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>St Clair</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Appleton City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Butler Rt #4</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Eliett Memorial Hosp.</b>		Length of stay in lb. <b>1 wk.</b>	d. STREET ADDRESS (If outside, give location) <b>New Home Twp.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Frank</b> Middle <b>I</b> Last <b>Romine</b>			4. DATE OF DEATH Month <b>June</b> Day <b>21</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9-10-1884</b>	9. AGE (In years last birthday) <b>74</b>	IF FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Bates Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>James C. Romine</b>		13b. MOTHER'S MAIDEN NAME <b>Georgia R. Hurst</b>		14. NAME OF HUSBAND OR WIFE <b>Ida Romine</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Ida Romine R.F.D. 4 Butler, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBRAL HEMORRHAGE</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 DAYS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>HYPERTENSIVE CARDIOVASCULAR DISEASE</b>					<b>CHRONIC</b>
DUE TO (c) <b>-</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>443x</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <b>-</b>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. <b>-</b> p.m. <b>-</b>					
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.) <b>-</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>MAY 1959</b> to <b>June 21 1959</b> and last saw him alive on <b>JUNE 20 1959</b> Death occurred at <b>7:45</b> <b>7:45 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>R. H. Brownberger MD</b>			22b. ADDRESS <b>Appleton City, Mo.</b>		22c. DATE SIGNED <b>June 23 1959</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 23, 1959</b>	23c. NAME OF CEMETERY OR CREMATORIUM <b>Morris Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Bates Co. Missouri</b>	
24. FUNERAL HOME <b>Quiver Underwood-Butler Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>June 25, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Elsie Afrey</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *John G. Underwood* .....

Licensed Embalmer No. *358* .....

P. O. Address *Butler* .....

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.