

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031744

FILED VS SEP 29 1959

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 39

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>CEDAR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CEDAR</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ELDORADO SPG'S</u>		Length of stay in 1b		c. CITY OR TOWN <u>ELDORADO SPG'S</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>E OLIVE</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>E OLIVE</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>CHARLEY</u> Middle <u>H.</u> Last <u>ROOT</u>				4. DATE OF DEATH Month <u>9</u> - Day <u>20</u> - Year <u>59</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12-27-1886</u>		9. AGE (last birthday) <u>74</u> IF UNDER 1 YEAR: Months <u>  </u> Days <u>  </u> IF UNDER 24 HR: Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>ADRIAN MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A.</u>		
13a. FATHER'S NAME <u>ROYAL ROOT</u>			13b. MOTHER'S MAIDEN NAME <u>MARY HORNER</u>			14. NAME OF HUSBAND OR WIFE <u>PEC</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>-</u>		17. INFORMANT Address <u>MR MARRIN ROOT ELDORADO SPG'S 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>Exsanguination and asphyxia</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Ruptured Aortic Aneurysm into abd.</u>					<u>minutes</u>		
		DUE TO (c) <u>Arteriosclerosis</u>					<u>yrs</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)					
20c. TIME OF INJURY Hour <u>  </u> a.m. / p.m. Month, Day, Year									
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 <u>9-19-59</u> to <u>9-20-59</u> and last saw him alive on <u>9-19-59</u> Death occurred at <u>  </u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Wm C. Sunderman, CO.</u>				22b. ADDRESS <u>Eldorado Springs, Mo.</u>				22c. DATE SIGNED <u>9-21-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>9-24-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETARY</u>		23d. LOCATION (City, town, or county) <u>ELDORADO SPG'S MO</u>		(State)		
24. FUNERAL DIRECTOR <u>Mapes Eldorado Spgs Mo</u>				25. DATE RECD. BY LOCAL REG. <u>9-21-59</u>		26. REGISTRAR'S SIGNATURE <u>George W. Mapes</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Hugh S. Allen

Licensed Embalmer No. 2844

P. O. Address El Paso 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.