

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033192

FILED VS SEP 21 1959

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 3048 Registrar's No. 208

ENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Nodaway	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville	a. STATE Mo	b. COUNTY Nodaway
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hospital		c. CITY OR TOWN Barnard	d. STREET ADDRESS (If outside, give location)
Length of stay in 1b 2mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First DELLA	Middle IRENE	Last ROACH	Month 9	Day 6	Year 1959
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/9/1916	9. AGE (last birthday) 43	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home - own	11. BIRTHPLACE (City and state or country) Barnard - Mo	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Isaac Owens		13b. MOTHER'S MAIDEN NAME Mary E Orick		14. NAME OF HUSBAND OR WIFE Donald Roach	
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. 486-40-5235		17. INFORMANT Dewain Roach, Barnard, Mo.	

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) Carcinomatosis		5 years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Primary Ca of left breast	
	DUE TO (c)	

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.
Radical Mastectomy (left) May 21 1954		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 Feb 13, 1959 to Sept 6, 1959 and last saw her Sept 5, 1959 alive on Sept 5, 1959		Death occurred at 6:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE W.R. Jackson, M.D.	(Degree or title)	22b. ADDRESS Maryville, Mo.	22c. DATE SIGNED 9/12/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/14/1959	23c. NAME OF CEMETERY OR CREMATORY Barnard Cem.	23d. LOCATION (City, town, or county) Barnard Mo -
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24. FUNERAL DIRECTOR W. McArthur	ADDRESS Maryville Mo	25. DATE RECD. BY LOCAL REG. 9-12-59	26. REGISTRAR'S SIGNATURE Bess Holt
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 1 1960

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 G M Alkhus

Licensed Embalmer No. 2279

P. O. Address Monroeville

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.