

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007053

FILED VS MAR 15 1960

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 5642 31

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Middleton Township		Length of stay in 1b 5 years		c. CITY OR TOWN Middleton Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles west Waverly			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2 ml. west of Waverly		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Elison Last Roush				4. DATE OF DEATH Month March Day 8 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-6-1865	9. AGE (last birthday) 94	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Ohio		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Benjamin B. Roush			13b. MOTHER'S MAIDEN NAME Adelia Foster			14. NAME OF HUSBAND OR WIFE Verdie Peel		
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. None		17. INFORMANT Address Mrs. Luther Hollis Waverly, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia (hypostatic)							INTERVAL BETWEEN ONSET AND DEATH 36 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) cerebral hemorrhage		DUE TO (c) arterio-sclerosis and senility			Interval between onset and death 2-20-60 unknown	
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 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 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 2-20-60 to 3-8-60 and last saw him alive on 3-7-60 Death occurred at 4:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>[Signature]</i> (Degree or title) D.O.				22b. ADDRESS Waverly Mo.		22c. DATE SIGNED 2-9-60		
23b. DATE Burial 3-10-1960		23c. NAME OF CEMETERY OR CREMATORY Waverly cemetery		23d. LOCATION (City, town, or county) Waverly, Missouri		(State)		
24. FUNERAL DIRECTOR Gibson Funeral Home, Waverly, Mo.		25. DATE REG. BY LOCAL REG. Mar. 10. 60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>				

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 James F. Gibson
Licensed Embalmer No. 5076

P. O. Address Carrollton, W

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.