

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 28 1960

-60-018150

Registration District No. 374 Primary Registration District No. 4547 Registrar's No. 12

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Worth</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Grant City</b>		Length of stay in 1b <b>7 years</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Grant City Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>Grant City, Missouri</b>	
3. NAME OF DECEASED (Type or print) First <b>Armintha</b> Middle <b>Roach</b> Last <b>Roach</b>		4. DATE OF DEATH Month <b>March</b> Day <b>28</b> Year <b>1960</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-4-1871</b>
9. AGE (last birthday) <b>88</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper-Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11. BIRTHPLACE (City and state or country) <b>Worth County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>	
13a. FATHER'S NAME <b>Milton Gregg</b>		13b. MOTHER'S MAIDEN NAME <b>Susanah Gregg</b>	
14. NAME OF HUSBAND OR WIFE <b>Jeremiah Roach</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>Mrs. Pansy Rinehart - Grant City, 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>Arteriosclerosis, Generalized</b> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fractures, both femurs, 2 and 4 years before d</b>		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 <b>0</b> a.m. <b>0</b> 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 <b>Grant City, Mo</b>	
20g. COUNTY <b>Worth</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>1955</b> to <b>Mar 28, 60</b> and last saw her/him alive on <b>27 Mar 60</b> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Frank B Matteson M D</b>		22b. ADDRESS <b>Grant City, Mo</b>	
22c. DATE SIGNED <b>3/28/60</b>		22d. SIGNATURE <b>Letta E. Dawson</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-30-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Kirk Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Allendale, Missouri</b>		23e. DATE RECD. BY LOCAL REG. <b>April 20 - 1960</b>	
23f. REGISTRAR'S SIGNATURE <b>Bill A. Dwyer - B. C. Missouri</b>		23g. REGISTRAR'S SIGNATURE <b>Letta E. Dawson</b>	

(Licensed Embalmer's Statement on Reverse Side)

**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 Bill A. Dunfee

Licensed Embalmer No. 4903

P. O. Address B. C. Miss.

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.