URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 31 1960

60-019986
STATE FILE NUMBER

ENDED

Registration District No. 383 Primary Registration District No. 5647 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: FRIESTATT, TOWNSHIP
Length of stay in 1b: Lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2 Mi. E. of Friestatt
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Lawrence
c. CITY OR TOWN: Verona
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 2
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Martha Middle: Pauline Last: Roesslet
4. DATE OF DEATH: Month: May Day: 20 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/15/1893
9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: 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:
11. BIRTHPLACE (City and state or country): Lawrence County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: August Langer
13b. MOTHER'S MAIDEN NAME: Anna Reiter
14. NAME OF HUSBAND OR WIFE: Edd Roesslett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Edd Roesslett Address: Friestatt, Mo R2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: unk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary occlusion — unk
DUE TO (c) Coronary sclerosis — unk
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 12:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: G J Graves (Degree or title)
22b. ADDRESS: Mt Vernon
22c. DATE SIGNED: 5/24/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 23, 1960
23c. NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
23d. LOCATION (City, town, or county) (State): Friestatt, Missouri

24. FUNERAL DIRECTOR: Oscar L. Marsh ADDRESS: Aurora, Mo.
25. DATE RECD. BY LOCAL REG.: 5-24-60
26. REGISTRAR'S SIGNATURE: H D Fancett

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUN 2 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

XXXX _____, XXXXXXXXXXXXXX _____

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3812

P. O. Address Aurora, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.