

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022176

FILED VS JUN 27 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 190

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MACON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville	Length of stay in 1b	c. CITY OR TOWN ATLANTA	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Claude Middle E Last Romjue			4. DATE OF DEATH Month 6 Day 15 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-1-1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months 7 Days 14 Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio & TV Repairman		10b. KIND OF BUSINESS OR INDUSTRY Serviceman	11. BIRTHPLACE (City and state or country) ATLANTA - MO	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William H. Romjue		13b. MOTHER'S MAIDEN NAME Alice G. Howard		14. NAME OF HUSBAND OR WIFE —	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 488-24-8042	17. INFORMANT Goldie Elsea - Atlanta, Mo	Address
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) TERMINAL AZOTEMIA				UNKNOWN
DUE TO (b) CHRONIC GLOMERULO-NEPHRITIS				"
DUE TO (c)				

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pykric Ulcer - Anemia		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	
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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 7:00 a.m. — p.m. —	Month 6 Day 1 Year 60	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 Kirksville, Mo	COUNTY — STATE —

21: I attended the deceased from **6-1-60** to **6-15-60** and last saw him alive on **6-15-60**
Death occurred at **7:00 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edna Laughlin Do	(Druggist or title)	22b. ADDRESS Kirksville, Mo	22c. DATE SIGNED 6-20-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-17-1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Tabor	23d. LOCATION (City, town, or county) (State) ATLANTA MO.
24. FUNERAL DIRECTOR Theo H. Gooding - Atlanta, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 6-22-1960	26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 12 1960

JUN 28 1960

EARL LAUGHKIN, JR. D.O.

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 Thos H. Goodin

Licensed Embalmer No. 3982

P. O. Address Atlanta,

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