

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026500

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3054 Registrar's No. 296

AMENDED

FILED JUN 21 1961

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Length of stay in 1b <u>8 hrs 11 min</u>	c. CITY OR TOWN <u>Fredericktown</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>129A EAST MAIN ST.</u>
3. NAME OF DECEASED (Type or print) First <u>SUSAN</u> Middle <u>MARGARET</u> Last <u>ROACH</u>			4. DATE OF DEATH Month <u>June</u> Day <u>7</u> Year <u>1961</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/6/61</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>—</u>
11. BIRTHPLACE (City and state or country) <u>Bonne Terre, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CLIFFORD D. ROACH</u>		13b. MOTHER'S MAIDEN NAME <u>PATRICA HAHN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>CLIFFORD D. ROACH, Fredericktown, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <u>atelectasis of lungs</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Prematurity</u>			
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. <input type="checkbox"/> Yes <input checked="" 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 <u>—</u> a.m. <u>—</u> 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 <u>6-6-61</u> to <u>6-7-61</u> and last saw her <u>alive</u> on <u>6-6-61</u> Death occurred at <u>1:47 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>C.E. Conleton MD</u>		22b. ADDRESS <u>Farmington Mo</u>	22c. DATE SIGNED <u>6-9-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-8-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MARCUS MEMORIAL Park</u>	23d. LOCATION (City, town, or county) (State) <u>Madison County Mo.</u>
24. FUNERAL DIRECTOR <u>SAM NASIM, Jr., Fredericktown, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>June 9, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

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 me,

~~or by~~ \_\_\_\_\_, ~~Student Embalmer No.~~ \_\_\_\_\_

~~working under my personal supervision.~~

~~Student~~ \_\_\_\_\_

Signature of Student Embalmer

Signed Sam Sajin, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown,

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.