

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007484

AMENDED

Registration District No. 278 Primary Registration District No. 3054278 Registrar's No. 3054 STATE FILE NUMBER 44  
**FILED MAR 14 1962**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u>		c. CITY OR TOWN <u>Louisiana</u>	
Length of stay in 1b <u>30 Years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home, 207 So 25 th</u>		d. STREET ADDRESS (If outside, give location) <u>207 South 25 th</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Andrew Jackson Roan</u>			4. DATE OF DEATH Month Day Year <u>March 6 1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/6/1875</u>
9. AGE (last birthday) <u>86</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor &amp; Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hercules Powder Co.</u>	
11. BIRTHPLACE (City and state or country) <u>Rockport Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William M. Roan</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Meyers</u>	
14. NAME OF HUSBAND OR WIFE <u>Eva F. Roan</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>[REDACTED]</u>		17. INFORMANT Address <u>Henry Roan, Clarksville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
DUE TO (b) <u>Poisoning Thrombosis with Myocardial Infarction old + new.</u>			<u>More than 5 years</u>
DUE TO (c) <u>Arterio Sclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arterio Sclerotic gangrene toes of Rt. foot</u>			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 checked="" 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 a.m. 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>March 22/1958</u> to <u>March 6/1962</u> and last saw him alive on <u>March 5/1962</u> Death occurred at <u>10:50 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dorothy Bilgen DO</u>		22b. ADDRESS <u>218 N 5th St Louisiana</u>	22c. DATE SIGNED <u>March 7/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/9/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RiverView Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Louisiana, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Sterne Funeral Home, Louisiana, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Mar 10-62</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>

**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

*J. B. Stone*

Licensed Embalmer No. 4039

P. O. Address Louisiana Mo.

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.