

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009829
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 65

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 3 1962

VS 300
Rev. 4/59

1 0070
2 0070
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4 1
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7 0
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9 722.0
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12 86-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Pleasant Twp.		Length of stay in lb 11 Years	c. CITY OR TOWN East Boone Twp. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Tree Rest Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS East Boone Twp. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First May Middle Roach Last			4. DATE OF DEATH Month March Day 19 Year 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-19-74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Hwie.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 87 IF UNDER 1 YEAR Months 11 Days 6 Hours 0 Min.
11a. FATHER'S NAME Humphrey Wilson		11b. BIRTHPLACE (City and state or country) Bates Co. Missouri.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. MOTHER'S MAIDEN NAME Estella Envart		14. NAME OF HUSBAND OR WIFE David Roach	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT Clyde Askew, Adrian, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) Coronary Disease DUE TO (c) Rheumatoid Arthritis Deformans PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ---			INTERVAL BETWEEN ONSET AND DEATH 3. days
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 --- Month, Day, Year --- a.m. --- p.m. ---	
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 March 17, 1962 to March 19, 1962 and last saw her alive on March 17, 1962 Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James A. Lusk M.D.		22b. ADDRESS State Bank Building, Butler, Mo.	
22c. DATE SIGNED 3-21-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-22-62	
23c. NAME OF CEMETERY OR CREMATORY Burdett Cemetery		23d. LOCATION (City, town, or county) (State) Adrian Mo.	
24. FUNERAL DIRECTOR Six Funeral Service, Adrian, Mo.		25. DATE RECD. BY LOCAL REG. 3-21-62	
26. REGISTRAR'S SIGNATURE Norma Jean Wilson			

USE BLACK INK OR TYPEWRITER RIBBON

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 _____ *Claude L. Liff*

Licensed Embalmer No. 3650

P. O. Address Adrian, 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.