

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027617
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 160 Primary Registration District No. 3029 Registrar's No. 114
FILED AUG 8 1962

VS 300
Rev. 4/59

DATE AMENDED

10501
20501

3
4 0
5 1
6
7 0
8 2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

94201
10
11
12 70-0
13 1-0

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JEFF.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CRYSTAL CITY		c. CITY OR TOWN CRYSTAL CITY	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 114 COUNTY ROAD		d. STREET ADDRESS (If outside, give location) 114 COUNTY ROAD	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ALFRED First Middle C. ROTH, JR.		4. DATE OF DEATH 7-29-62 Month Day Year	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-30-1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GLASSWORKER		10b. KIND OF BUSINESS OR INDUSTRY P. P. G. CO.	9. AGE (last birthday) 54
11. BIRTHPLACE (City and state or country) MODOC, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ALFRED ROTH, SR.		13b. MOTHER'S MAIDEN NAME ELLA CAMBRON	14. NAME OF HUSBAND OR WIFE ELSIE
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.	
17. INFORMANT ELSIE ROTH		Address CRYSTAL CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive coronary artery occlusion			INTERVAL BETWEEN ONSET AND DEATH 15 min.
DUE TO (b) Coronary artery arteriosclerosis			5 yrs.
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Old coronary thrombosis, 1958			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 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 7-29-62 to 7-29-62 and last saw him alive on 7-29-62 Death occurred at 3:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. L. Hazel, M.D. (Degree or title)		22b. ADDRESS Crystal City, Mo.	
22c. DATE SIGNED 7-30-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-1-62	23c. NAME OF CEMETERY OR CREMATORY CATHOLIC	
23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.			
24. FUNERAL DIRECTOR GENTRY R. POLITTE		25. DATE RECD. BY LOCAL REG. 7-30-62	
ADDRESS CRYSTAL CITY, MO.		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

SAUG
9 1962

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 Henry R. Palitta

Licensed Embalmer No. 3481
P. O. Address Crystal City, 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.