

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030391

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 22 Primary Registration District No. 3013 Registrar's No. 141

FILED AUG 27 1962

VS 300
Rev. 4/59

16004
3004

3

4 0

5 1

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9 8350

10 33

11 123

12 6-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>North Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in lb <u>32YRS</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>No. Ks. City Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>409 Lindberg</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Richard</u> Middle <u>LE ROY</u> Last <u>Roth</u>		4. DATE OF DEATH Month <u>August</u> Day <u>22</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/17/30</u>
9. AGE (last birthday) <u>32</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gas Service Co.</u>	11. BIRTHPLACE (City and state or country) <u>KANSAS CITY, MO.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>FRED ROTH</u>	
13b. MOTHER'S MAIDEN NAME <u>CARRIE MOWREY</u>		14. NAME OF HUSBAND OR WIFE <u>Lenora R.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES KOREAN</u>		17. INFORMANT <u>MRS. LENORA R. ROTH K.C. NORTH, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple contusions, lb. cerebrum</u> DUE TO (b) <u>Head trauma from fall</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>	
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>fall from truck</u>	
20c. TIME OF INJURY Hour <u> </u> Minute <u> </u> Day <u> </u> Year <u> </u> <u>App. 12:30 p.m. Aug. 22, 1962</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Company lot 1st & Hill</u>	
20e. CITY, TOWN, OR LOCATION <u>Kansas City, Jackson, Mo.</u>		20f. COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u> </u> to <u> </u> and last saw him alive on <u>August 22, 1962</u> . Death occurred at <u>5:20</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Jean J. Werner M.D.</u> (Degree or title)		22b. ADDRESS <u>2025 SWIFT - N.K.C.</u>	
22c. DATE SIGNED <u>8/23/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-25-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Membrs. Gladstone, Mo.</u>	
23d. LOCATION (City, town, or county) (State) <u> </u>		24. FUNERAL DIRECTOR <u>C. H. Blackman & Son</u>	
25. DATE RECD. BY LOCAL REG. <u>8-24-62</u>		26. REGISTRAR'S SIGNATURE <u>Marquiee Hudgens</u>	

AUG 30 1962

FEB 27 1963

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

Hubert B. Baird

Licensed Embalmer No.

4888

P. O. Address

KC 24, 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.