

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012766

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. FILED MAR 26 1963 Primary Registration District No. _____ Registrar's No. 48

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waynesville</u> | | Length of stay in 1b <u>12 hrs</u> | c. CITY OR TOWN <u>Swedeborg</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pulaski Gen Hosp</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>-----</u> |
| 3. NAME OF DECEASED (Type or print) <u>Margaret Ruby Roam</u> | | First Middle Last | 4. DATE OF DEATH Month <u>March</u> Day <u>13</u> Year <u>1963</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7-4-1888</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u> | 11. BIRTHPLACE (City and state or country) <u>Brumley Missouri</u> |
| 13a. FATHER'S NAME <u>Willis Lively</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy J (Unknown)</u> | 14. NAME OF HUSBAND OR WIFE <u>John Roam</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv <u>No</u> | | 16. SOCIAL SECURITY NO. <u>-----</u> | 17. INFORMANT <u>Robert Lively Crocker, Missouri</u> Address |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio-Vascular-Renal Disease 3 yrs.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Emphysema</u> DUE TO (c) <u>10 yrs.</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 | |
| 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 type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>-----</u> | |
| 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>AUG. 1962</u> to <u>MAR. 13, 1963</u> and last saw her alive on <u>MARCH 12, 1963</u> Death occurred at <u>6:40A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>John A. Mikalovich DO</u> | | 22b. ADDRESS <u>Crocker, Missouri</u> | |
| 22c. DATE SIGNED <u>3/14/63</u> | | 22d. DATE SIGNED <u>3/14/63</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3/15/1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Swedeborg Pulaski Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Moss-Williams Crocker Missouri</u> | | 25. DATE RECD. BY LOCAL REG. <u>3-21-63</u> | 26. REGISTRAR'S SIGNATURE <u>-----</u> |

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 Clarence Moss

Licensed Embalmer No. 7896

P. O. Address Waynesville, 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.