

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-011583**

**FILED VS APR 15 1960**

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 58

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>JEFF.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>JEFF.</b>	
b. CITY (If separate City or Town) <b>RURAL JOACHIM</b>		c. CITY OR TOWN <b>BLOOMSDALE</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>HIGHWAY #61</b>		d. STREET ADDRESS <b>STAR ROUTE</b>	

3. NAME OF DECEASED (Type or print) First **JOSEPH** Middle **LAWRENCE** Last **ROTH** 4. DATE OF DEATH Month **APRIL** Day **7** Year **1960**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **9-5-26** 9. AGE (last birthday) **33**

10a. USUAL OCCUPATION (Give kind of work done in last 12 months of life, even if retired) **GLASSWORKER** 10b. KIND OF BUSINESS OR INDUSTRY **P.P.G.CO.** 11. BIRTHPLACE (City and state or country) **LAWRENCETON, MO.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **J. ROTH** 13b. MOTHER'S MAIDEN NAME **OTILLIA KEMPER** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give unknown) (If yes, give service) **YES** 16. SOCIAL SECURITY NO. **498-24-1577** 17. INFORMANT **RHINHARDT ROTH** Address **BLOOMSDALE, 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) **Multiple Fractures & Internal Injuries** INTERVAL BETWEEN ONSET AND DEATH **None**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **Auto- Train Collision**

20c. TIME OF INJURY Hour **2:15 PM** Month, Day, Year **4/7/60**

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Highway** 20f. CITY, TOWN, OR LOCATION **Joachim** COUNTY **Jeff.** STATE **Mo.**

21. I attended the deceased from **2:15 p.m.** and last saw her/him alive on \_\_\_\_\_ Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **J. C. Crow** 22b. ADDRESS **Fenton Mo.** 22c. DATE SIGNED **4/11/60**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **4-11-60** 23c. NAME OF CEMETERY OR CREMATORY **ST. LAWRENCE** 23d. LOCATION (City, town, or county) **LAWRENCETON, MO.** (State)

24. FUNERAL DIRECTOR ADDRESS **POLITTE FUNERAL HOME CRYSTAL CITY MO.** 25. DATE RECD. BY LOCAL REG. **4-8-60** 26. REGISTRAR'S SIGNATURE **Paul G. Dyer**

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 28 1960

APR 25 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Geulley R. Pali

Licensed Embalmer No. 348

P. O. Address Crystal

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.