

Dr. CEC

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0042486

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 402

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

Table with columns: ITEM NO., DATE AMENDED, AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF / SHOULD READ), BY AFFIDAVIT OF

Main form sections: 1. PLACE OF DEATH, 2. USUAL RESIDENCE, 3. NAME OF DECEASED, 4. DATE OF DEATH, 5. SEX, 6. COLOR OR RACE, 7. MARRIED, 8. DATE OF BIRTH, 9. AGE, 10a. USUAL OCCUPATION, 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE, 12. CITIZENSHIP, 13a. FATHER'S NAME, 13b. MOTHER'S MAIDEN NAME, 14. NAME OF HUSBAND OR WIFE, 15. WAS DECEASED EVER IN U.S. ARMED FORCES?, 16. SOCIAL SECURITY NO., 17. INFORMANT, 18. CAUSE OF DEATH, 19. WAS AUTOPSY PERFORMED?, 20a. ACCIDENT, SUICIDE, HOMICIDE, 20b. DESCRIBE HOW INJURY OCCURRED, 20c. TIME OF INJURY, 20d. INJURY OCCURRED WHILE AT WORK, 20e. PLACE OF INJURY, 20f. CITY, TOWN, OR LOCATION, 21. I attended the deceased from, 22a. SIGNATURE, 22b. ADDRESS, 22c. DATE SIGNED, 23a. BURIAL, CREATION, REMOVAL, 23b. DATE, 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION, 24. FUNERAL DIRECTOR, 25. DATE RECD. BY LOCAL REG., 26. REGISTRAR'S SIGNATURE

FILED NOV 9 1966

1. PLACE OF DEATH a. COUNTY ST FRANCOIS b. CITY R.F.D. 2. FARMINGTON c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME R.F.D. 2. FARMINGTON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST. FRANCOIS c. CITY OR TOWN R.F.D. 2. FARMINGTON d. STREET ADDRESS R.F.D. 2. FARMINGTON

3. NAME OF DECEASED (Type or print) First Middle Last NOVA MYRTLE ROE 4. DATE OF DEATH OCT - 31 - 1966

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married [] Never Married [] Widowed [x] Divorced [] 8. DATE OF BIRTH DEC 7, 1892 9. AGE (last birthday) 73

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE 11. BIRTHPLACE (City and state or country) FARMINGTON - MO 12. CITIZENSHIP OF WHAT COUNTRY U.S.A. 13a. FATHER'S NAME JEROME WARREN 13b. MOTHER'S MAIDEN NAME ELIZABETH JACKSON 14. NAME OF HUSBAND OR WIFE ALFRED M. ROE

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. 495-54-9678 17. INFORMANT Mrs BESSIE BUCHANAN R.F.D. 2 FARMINGTON, 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 Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 hr DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE 34 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) PART III. If deceased was female was there a pregnancy in last 90 days. [] Yes [x] No [] Unknown

19. WAS AUTOPSY PERFORMED? YES [] NO [x] 20a. ACCIDENT [] SUICIDE [] HOMICIDE [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from OCT 1965 to 10-31-66 and last saw her alive on 10-31-66 Death occurred at 2:50 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C E Coulton MD (Degree or title) 22b. ADDRESS Farmington MO 22c. DATE SIGNED 10-31-66

23a. BURIAL, CREATION, REMOVAL (Specify) BURIAL 23b. DATE 11-2-66 23c. NAME OF CEMETERY OR CREMATORY PARKVIEW CEMETERY 23d. LOCATION (City, town, or county) (State) NEAR FARMINGTON - MO. 24. FUNERAL DIRECTOR CALDWELL FUNERAL HOME FLAT RIVER - MO ADDRESS 25. DATE RECD. BY LOCAL REG. Oct 31, 1966 26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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 David P. Caldwell

Licensed Embalmer No. 5184

P. O. Address Flat River, 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.