

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9634**

FILED APR 11 1949

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6022** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond OR TOWN Richmond		c. CITY (If outside corporate limits, write RURAL and give township) Richmond OR TOWN Richmond	
c. LENGTH OF STAY (In this place) 35 yrs.		d. STREET ADDRESS (If rural, give location) 313 E. Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ray Co. Infirmary			

3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) C c. (Last) ROE			4. DATE OF DEATH (Month) (Day) (Year) Jan 8 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH May 6 1865		9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Court Mason	
11. BIRTH PLACE (State or foreign country) Livingston Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. KIND OF BUSINESS OR INDUSTRY Masonry	

13a. FATHER'S NAME D.J.M. Roe		13b. MOTHER'S MAIDEN NAME Willy Jule		14. NAME OF HUSBAND OR WIFE Cappie Jule Mull	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Sam Cook Richmond Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS.		CHRONIC NEPHRITIS!		5 yrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) 40 yrs.		?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ARTERIO-SCLEROSIS		?	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ray Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July 1948**, to **Jan 8, 1949**, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:54** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. E. Gay, M.D.		23b. ADDRESS Richmond		23c. DATE SIGNED 1-11-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/9/49		24c. NAME OF CEMETERY OR CREMATORY Summit Cem. Richmond Mo.	
24d. LOCATION (City, town, or county) (State) Richmond Mo.					

DATE REC'D BY LOCAL REG. Jan 12 - 1949		REGISTRAR'S SIGNATURE 213 Malcolm Jackson		25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Bell Richmond, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8₁

District File Number

Date Filed

4-8-49

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
Student Embalmer

Signed

George H. Hale
Licensed Embalmer No. 4566

P. O. Address *Richmond, 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 this body is not embalmed, fact should be so stated above.