

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0029853

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **314** Primary Registration District No. **6075** Registrar's No. **263**

FILED JUL 18 1966

VS 300
Rev. 4/59

1 **0940**

2 **0168**

3

4 **0**

5 **2**

6

7 **0**

8 **2**

9 **420.0**

10

11

12 **93-0**

13 **1-0**

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				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)			
a. COUNTY St. Francois		b. CITY (If outside corporate limits, give TOWNSHIP only) St. Francois Township		a. STATE Missouri		b. COUNTY Cape Girardeau	
c. FULL NAME OF (If NOT in hospital, give location) State Hospital No. 4		Length of stay in 1b 7 months 29 days		c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS Themis		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
First Middle Last Victor Frederick Roth			Month Day Year July 8 1966			Male	
6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Feb 18, 1890		9. AGE (last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Frohna, Missouri		12. CITIZEN OF WHAT COUNTRY United States	
13a. FATHER'S NAME Christian Roth			13b. MOTHER'S MAIDEN NAME Agnes Schuessler			14. NAME OF HUSBAND OR WIFE Dora Kasten Roth	
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. 488-44-7322		17. INFORMANT Address Records, State Hospital No. 4, Farmington, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Passive Pulmonary Congestion							3-4 days
DUE TO (b) Arteriosclerotic Heart Disease							Unknown
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain Syndrome with Cerebral Arteriosclerosis						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)			
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 July 8, 1966 to July 8, 1966 and last saw him alive on July 8, 1966 Death occurred at 11:05 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) <i>William J. ...</i>				22b. ADDRESS State Hospital No. 4 Farmington, Missouri		22c. DATE SIGNED 7-8-66	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 11, 1966		23c. NAME OF CEMETERY OR CREMATORY St. Paul's Lutheran Cemetery		23d. LOCATION (City, town, or county) (State) Wittenberg, Missouri	
24. FUNERAL DIRECTOR ADDRESS Young and Sons Perryville, Missouri				25. DATE RECD. BY LOCAL REG. July 15, 1966		26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>	

USE BLACK INK OR TYPEWRITER RIBBON

JUL 29 1966

Burial Permit issued July 8-1966

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville MD

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.