

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **326** PRIMARY REG. DIST. NO. **7494** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Shannon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Shannon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Winona</b>		c. CITY OR TOWN <b>Winona</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 yrs</b>		f. STREET ADDRESS (If rural, give location) <b>1010</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Own home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Fannie</b> b. (Middle) <b>Bell</b> c. (Last) <b>Roogler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 2 1956</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>w</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Oct 11 1888</b>	9. AGE (In years last birthday) <b>67</b>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ellington Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>					

13a. FATHER'S NAME <b>John Tripp</b>		13b. MOTHER'S MAIDEN NAME <b>Ruth Sullivan</b>		14. NAME OF HUSBAND OR WIFE <b>John Roogler</b>	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>498-01-3370-0</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George Roogler Loworse</b> ADDRESS <b>Mo</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>
		ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</b>			
		DUE TO (c) <b>Senility</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 **May 1953** to **Feb 2**, 19**56**, that I last saw the deceased alive on **Feb 1**, 19**56**, and that death occurred at **7:15 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. E. Sharp</b> (Degree or title) <b>Doct</b>		23b. ADDRESS <b>Winona Mo</b>		23c. DATE SIGNED <b>2-7-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-4-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Right</b>	
24d. LOCATION (City, town, or county) <b>Mo</b>		24e. NAME OF CEMETERY OR CREMATORY <b>Carter Co</b>		24f. LOCATION (City, town, or county) <b>Mo</b>	
DATE REC'D BY LOCAL REG. <b>2-13-56</b>		REGISTRAR'S SIGNATURE <b>Drabel Hallen</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stanton Pruitt</b> ADDRESS <b>Van Buren Mo</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Seaton Perwit*

Licensed Embalmer No. *228*

P. O. Address *Van Buren*

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.