

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9595

State File No.

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smiley Home</u>		d. STREET ADDRESS (If rural, give location) <u>1208 Myra</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCILLE</u> b. (Middle) <u>-</u> c. (Last) <u>ROBERTS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April-6-1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Mar-11-1901</u>
9. AGE (In years last birthday) <u>48</u> If UNDER 1 YEAR Months <u>0</u> Days <u>26</u>		10. DATE OF BIRTH	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Randolph Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ernest Murphy</u>		13b. MOTHER'S MAIDEN NAME <u>Stella Robinson</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Joe Lawrence</u> ADDRESS <u>1208 Myra Moberly Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> ANTECEDENT CAUSES (b) <u>Chronic Myocarditis Nephritis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4272</u>	
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) <u>Moberly Randolph Mo</u>	
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 <u>March 1, 1949</u> , to <u>April 6, 1949</u> , that I last saw the deceased alive on <u>April 5, 1949</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>H. G. Gruppeth MD</u> (Degree or title)		23b. ADDRESS <u>Moberly Mo</u>	
23c. DATE SIGNED <u>4.6.49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>Apr-8-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridland Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Gruppeth</u> ADDRESS <u>Moberly Mo</u>	
DATE REC'D BY LOCAL REG. <u>Apr 9-49</u>		REGISTRAR'S SIGNATURE <u>Charles Lee</u>	

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

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RECEIVED

District Health Officer No. 1

District File Number 4-49

Date Filed APR 11 1949

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.

Signed _____

R M Carter

Signed _____
Student Embalmer

Licensed Embalmer No. 4117

P. O. Address *Moberly 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.