

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11209

State File No. ....

FILED MAR 28 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6124 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <b>Shannon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shannon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Buckeye</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Buckeye Twp</b>	
c. LENGTH OF STAY (in this place) <b>50 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>HOSPITAL OR INSTITUTION</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>Richard</b>		c. (Last) <b>Roberts</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 17 49</b>			
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>2-17-1865</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <b>84</b> Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Alice Roberts</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Frank Roberts Winona 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, 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) <b>Cerebral Hemorrhage</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</b>					
		DUE TO (c)					
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)		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 Jan 1, 1949, to Feb 17, 1949, that I last saw the deceased alive on Jan 1, 1949, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>H. S. Rollins, M.D.</b>		(Degree or title)		23b. ADDRESS <b>Winona Mo</b>		23c. DATE SIGNED <b>2/18-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-19-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Reed Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Shannon County Mo</b>	
DATE REC'D BY LOCAL REG. <b>2-26-49</b>		REGISTRAR'S SIGNATURE <b>J. D. Rollins</b>		306		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Newman Funeral Home, Mt View Mo.</b>	

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

RECEIVED 3-1-49

District Health Officer No. 5,

District File 349-185

Date Filed 3-21-49

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

working under my personal supervision.

Student Student Embalmer

Signed Joe S Duncan Student Embalmer No. Licensed Embalmer No. 4325 P. O. Address Vista View, 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.