

FILED NOV 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36269

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 69

1. PLACE OF DEATH  
a. COUNTY Atchison  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax  
c. LENGTH OF STAY (In this place) 5 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hospt'

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Atchison  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio  
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED  
a. (First) EMMALUCIE b. (Middle) ELLAN c. (Last) ROBERTS

4. DATE OF DEATH (Month) (Day) (Year)  
Oct 28, 1951

5. SEX female  
6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH  
May 5, 1906

9. AGE (In years last birthday) 45 IF UNDER 1 YEAR Days 5 Hours 23 IF UNDER 24 HOURS Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Springfield Missouri

12. CITIZEN OF WHAT COUNTRY?  
U.S.

13a. FATHER'S NAME  
W. C. Brockus

13b. MOTHER'S MAIDEN NAME  
Nellie Doran

14. NAME OF HUSBAND OR WIFE  
Grant Roberts

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.  
none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Grant Roberts Tarkio, 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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial infarction  
INTERVAL BETWEEN ONSET AND DEATH 5 days  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerotic cardio-vascular disease  
DUE TO (c) Diabetes mellitus  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION  
260X  
20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)  
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Oct. 1951 to 28 Oct. 1951, that I last saw the deceased alive on 28 Oct. 1951, and that death occurred at 8:15 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
E. Wiedermeyer, M.D.

23b. ADDRESS  
Tarkio, Mo.

23c. DATE SIGNED  
10/30/51

24a. BURIAL CREMATION, REMOVAL (Specify)  
burial

24b. DATE  
10/31/51

24c. NAME OF CEMETERY OR CREMATORY  
Home Cemetery

24d. LOCATION (City, town, or county) (State)  
Tarkio, Mo.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE  
Nov 6, 1951 Marvin H. Schaefer

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Davis Funeral Home Tarkio, Mo.

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

030  
0



**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 Embalmer No.....

Signed.....

*John M. Davis*

Signed.....

Student Embalmer

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.