

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38131

State File No.

640
1

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

FILED DEC 6 1951

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5760 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MARION	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Fabius	c. LENGTH OF STAY (In this place) 7 YRS.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Fabius 3640	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXXXX		d. STREET ADDRESS (If rural, give location) 1/2 mile south east Maywood junction	

3. NAME OF DECEASED (Type or Print)	a. (First) ELNORA	b. (Middle)	c. (Last) ROBERTS	4. DATE OF DEATH (Month) (Day) (Year) NOV. 17 1951
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 25, 1884	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 9 Days 22	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXX	11. BIRTHPLACE (State or foreign country) DURHAM, MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME I. P. LEACH	13b. MOTHER'S MAIDEN NAME ELIZABETH VAN OSDOL	14. NAME OF HUSBAND OR WIFE J. W. ROBERTS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO. XXXXXXXX	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME J. W. ROBERTS	ADDRESS MAYWOOD, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPOSTATIC PNEUMONIA		2 DAYS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) KYPHOSIS SPINE DUE TO (c)		6 YRS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BEDFAST 2 YEARS			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 745X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9/10/51, 1951, to 11/17, 1951, that I last saw the deceased alive on 11/16, 1951, and that death occurred at 6:34 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. L. E. Gray M.D.	23b. ADDRESS La Marque, MO.	23c. DATE SIGNED 11/17/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11/19/51	24c. NAME OF CEMETERY OR CREMATORY BENBOW CEMETERY	24d. LOCATION (City, town, or county) (State) MARION COUNTY MISSOURI
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DATE REC'D BY LOCAL REG. 11/19/51	REGISTRAR'S SIGNATURE By Viola Reed, Secy	25. FUNERAL DIRECTOR'S SIGNATURE Charles L. ...	ADDRESS LEWISTOWN, MO.
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RECEIVED NOV 30 1951
MARION CO. HEALTH DEPT.
DATE FILED DEC 4 1951

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
Student Embalmer

Signed Charles L. Arnold, Sr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, 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.