

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7144

State File No.

No. 300

10.48

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

41 /

FILED MAR 10 1952 BIRTH NO. _____		REG. DIST. NO. <u>378</u>	PRIMARY REG. DIST. NO. <u>4552</u>	Registrar's No. <u>11</u>
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN. GROVE</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN. GROVE 1141</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS <u>0</u> (If rural, give location)		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>SARAH</u>	b. (Middle) <u>CATHERING</u>	c. (Last) <u>ROBERTS</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 14, 1952</u>		5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>
8. DATE OF BIRTH <u>FEB. 29, 1865</u>		9. AGE (In years last birthday) <u>86</u>	if UNDER 1 YEAR <u>11</u>	if UNDER 4 HRS. <u>15</u>
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>MISSOURI 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>HARRIS</u>	13b. MOTHER'S MAIDEN NAME <u>RACHEL KEENEY</u>	14. NAME OF HUSBAND OR WIFE <u>JAMES ROBERTS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EARL HELTER BRAND</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		ANTECEDENT CAUSES <u>Arteriosclerosis</u>		DUE TO (b) _____
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</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>331X</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>1-10-</u> , 19 <u>52</u> , to <u>2-14-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-13-</u> , 19 <u>52</u> , and that death occurred at <u>11:50 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W. H. ...</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Mtn. Grove Mo.</u>		23c. DATE SIGNED <u>2-15-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2/17/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HOUSTON CEMET.</u>	24d. LOCATION (City, town, or county) (State) <u>HOUSTON, MO.</u>	
DATE REC'D BY LOCAL REG. <u>2-26-52</u>	REGISTRAR'S SIGNATURE <u>A. B. Ames</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gaylord V. Elliott</u> ADDRESS <u>Calver</u>	

WRIGHT CO. HEALTH DEPT.
County File Number 319:30
Date Filed 3-8-52

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 James L. Kentz

Licensed Embalmer No. 4718

P. O. Address Calool, 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.