No. 300
30.48

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

FILED DEC 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42816

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 5738 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, La Plata Twp
c. LENGTH OF STAY (In this place): 7 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Of La Plata, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, La Plata Twp 0610
d. STREET ADDRESS (If rural, give location): East of La Plata Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Helen
b. (Middle): Dawdy
c. (Last): Roberts

4. DATE OF DEATH (Month) (Day) (Year): Nov 29 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 9, 1901
9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months 2 Days 20
IF UNDER 24 HRS.: 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): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: David N. Marquith
13b. MOTHER'S MAIDEN NAME: Bertha V. Dawdy
14. NAME OF HUSBAND OR WIFE: Emitt V. Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Emitt V. Roberts
ADDRESS: La Plata, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cancer of Lungs — INTERVAL BETWEEN ONSET AND DEATH: 5 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of Breasts — 1 Year
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: 170 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1 *1952, to* Nov 29 *1952, that I last saw the deceased alive on* Nov 28 *1952, and that death occurred at* 30 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph W. Gilat D.O.
23b. ADDRESS: La Plata Mo
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 30 1952
24c. NAME OF CEMETERY OR CREMATORY: La Plata Cemetert
24d. LOCATION (City, town, or county) (State): La Plata, Mo.

DATE REC'D BY LOCAL REG.: 12-2-52
REGISTRAR'S SIGNATURE: Mrs O. L. Griffin 186
25. FUNERAL DIRECTOR'S SIGNATURE: Clemenson Wilson
ADDRESS: La Plata, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 4 1954

RECEIVED 12.11.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 12.52.187
Date Filed 12.15.52

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 Kenneth M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.