No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27725

State File No. .....

FILED AUG 17 1953

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 210

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

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1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boone County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centralia, Missouri
d. STREET ADDRESS (If rural, give location): 0100 1

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

4. DATE OF DEATH (Month) (Day) (Year): August 1, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 28, 1872
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 1, Days 3 — IF UNDER 1 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Homemaker
11. BIRTHPLACE (State or foreign country): Boone County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: J. P. 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.: No
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs John J. Silliman LaMesa, Calif.

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) PULMONARY EMBOLUS — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) FRACTURE OF RIGHT HIP — 3 DAYS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E9047
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19a. DATE OF OPERATION: 7/31/53
19b. MAJOR FINDINGS OF OPERATION: FRACTURE OF RIGHT HIP - SUBCAPITAL TYPE
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.): HOME
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): COLUMBIA BOONE 118 Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 29 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: FALL AT COUNTY HOME

22. *I hereby certify that I attended the deceased from* July 29, 1953, *to* Aug 1, 1953, *that I last saw the deceased alive on* Aug 1, 1953 *and that death occurred at* 12:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lena L McElray M.D.
23b. ADDRESS: Columbia, Mo
23c. DATE SIGNED: 8/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 3, 1953
24c. NAME OF CEMETERY OR CREMATORY: Centralia Cemetery
24d. LOCATION (City, town, or county) (State): Centralia Missouri

DATE REC'D BY LOCAL REG.: Aug. 10 1953
REGISTRAR'S SIGNATURE: Mrs. R E Palmer 31 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Bill G. Meador Centralia Missouri

(Licensed Embalmer's Statement on Reverse Side)

SEP 21 1953

AUG 1

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 Bill G. Meador

Signed.....
Student Embalmer

Licensed Embalmer No. 4876

P. O. Address Centralia, Missou

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.