

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34905**

FILED OCT 26 1953

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **331**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY 8140	
b. CITY (If outside corporate limits, write RURAL and give township) Kirksville		c. CITY OR TOWN Bonaparte	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin		e. STREET ADDRESS (If rural, give location) Bonaparte	

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Emma c. (Last) Roberts			4. DATE OF DEATH Oct. 14, 1953 (Month) (Day) (Year)		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Aug. 16, 1878	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Bonaparte, Iowa /		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Benjamin Vale	13b. MOTHER'S MAIDEN NAME Nancy Van Biddle	14. NAME OF HUSBAND OR WIFE A. G. 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	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. Vale Winslow, Bonaparte, Ia.	ADDRESS Bonaparte, Ia.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric and cerebral thrombosis		?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intraventricular thrombosis of unknown origin. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Abscesses of renal cortex and arteriosclerotic kidneys.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) H201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ 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 **10/14/53**, 19____, to **10/14/53**, 19____, that I last saw the deceased alive on **10/14/53**, 19____, and that death occurred at **7:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. D. McClure, D.D.	23b. ADDRESS Kirksville, Mo.	23c. DATE SIGNED 10/14/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/14/53	24c. NAME OF CEMETERY OR CREMATORY Vale	24d. LOCATION (City, town, or county) (State) Van Buren County, Iowa
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DATE REC'D BY LOCAL REG. OCT 26 1953	REGISTRAR'S SIGNATURE Clyde A. Bridges	25. FEDERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Kirksville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 13 1953

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.....
Signature of Student Embalmer

Signed *Richard H. Randall*.....

Licensed Embalmer No...*4866*.....

P. O. Address *Fiskville*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**