

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

State File No. **988**

BIRTH NO. **FILED FEB 8 1954** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **118**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY OR TOWN Springfield	c. LENGTH OF STAY (in this place) 8 years	c. CITY OR TOWN Springfield	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 Springfield Baptist Hospital		e. STREET ADDRESS (If rural, give location) 1222 N. Forrest Avenue ³⁹⁶	

3. NAME OF DECEASED (Type or Print) LINNIE	a. (First) LINNIE	b. (Middle) ----	c. (Last) ROBERTS	4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 1954
---	--------------------------	-------------------------	--------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 22 Mar. 1877	9. AGE (in years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
------------------------------	---	---	--	--	----------------------------------	----------------------------------	-------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (City and State or Foreign Country) 0 Sparta, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME Oliver Roberts	13b. MOTHER'S MAIDEN NAME Amelia Smith	14. NAME OF HUSBAND OR WIFE Eliza F. 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. None	17. INFORMANT'S SIGNATURE OR NAME E.F. Roberts, 1222 N. Forrest Avenue, Springfield, Missouri.	ADDRESS
--	---	---	----------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis, rt. Illiac & Femoral Veins		
	ANTECEDENT CAUSES Pulmonary Emboli, bilatateral DUE TO (b) Chronic DUE TO (c) Acute		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephrosis With Uremia		week	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Chronic Acute	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
---	---	--

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?
---	---	-----------------------------------

22. I hereby certify that I attended the deceased from Jan 27, 1954 to 1-31, 1954 that I last saw the deceased alive on 1-30, 1954, and that death occurred at 5:00A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Williams M.D.	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 2-2-54
---	--	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3 Feb. 1954	24c. NAME OF CEMETERY OR CREMATORY Lees Summit	24d. LOCATION (City, town, or county) (State) Lees Summit, Missouri
---	--	---	--

DATE REC'D BY LOCAL REG. 2-3-54	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Thome	ADDRESS. Springfield, Missouri
--	---	---	---

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

JAN 3 1950

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 *Ralph H. Williams*.....

Licensed Embalmer No... 3681
Springfield, Miss
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.