

STANDARD CERTIFICATE OF DEATH

19964

FILED JUN 29 1954

State File No. ....

BIRTH NO. .... REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Humansville</b>		c. CITY OR TOWN <b>Humansville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>15 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>0840</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bertha</b> b. (Middle) <b>A.</b> c. (Last) <b>Roberts</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6-13-54</b>	
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>8-19-35</b>
9. AGE (In years last birthday) <b>18</b>		IF UNDER 1 YEAR Hours Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Spickard, Missouri</b>
		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>James King</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Linney</b>		14. NAME OF HUSBAND OR WIFE <b>Perry I. Roberts</b>	
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. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Lottie Roberts Humansville</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		
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		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)	
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 August, 1951, to June, 1954, that I last saw the deceased alive on June 7, 1954, and that death occurred at 1:25P m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. G. Robinson M.D.</b> (Degree or title)		23b. ADDRESS <b>Humansville Mo.</b>		23c. DATE SIGNED <b>6/14/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-16-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bethel Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Spickard, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>6-17-1954</b>		REGISTRAR'S SIGNATURE <b>Ralph Gordon per Jewell</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beckwith Funeral Home Humansville</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *O. H. Beckwith*.....

Licensed Embalmer No. *3987*.....

P. O. Address *Humarville*.....

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.