

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1040**

FILED JAN 24 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5554 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <b>Howell</b> /			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"R" Spring Crk Twp</b>		c. LENGTH OF STAY (in this place) <b>45 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pottersville, Mo.</b> <b>0660</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>res of E.H.Roberts</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>MINNIE</b> b. (Middle) <b>E</b> c. (Last) <b>ROBERTS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 6, 1955</b>		
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Aug. 3, 1871</b>	9. AGE (in years last birthday) <b>83</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Salem, Dent Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>John W. Breedlove</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Jane Wright</b>		14. NAME OF HUSBAND OR WIFE <b>John Riley Roberts</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Edgar James, West Plains, Mo.</b>	
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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				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute lobar pneumonia</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis</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"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 1947, to Jan. 6, 1955, that I last saw the deceased alive on Jan 6, 1955, and that death occurred at 11 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>David R. Davis D.O.</b>		23b. ADDRESS <b>Pottersville, Mo.</b>		23c. DATE SIGNED <b>1-15-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Jan. 8, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blue Mound Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Howell County, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>1-20-55</b>		REGISTRAR'S SIGNATURE <b>Beatrice Cook</b> <b>379-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. Plains, Mo.</b>	
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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 .....  
Student Embalmer

Signed

*Hal Rowenough*

Licensed Embalmer No. 3408

P. O. Address W. Plains, N.J.

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.