

FILED FEB 3 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2015

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>925 So Arch</u> <u>064 1/2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHNNETTA</u> b. (Middle) _____ c. (Last) <u>ROBERTS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-14-56</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 2 - 1903</u>	
9. AGE (In years last birthday) <u>52</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Allen Frigate</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Young Roberts</u>	
14. NAME OF HUSBAND OR WIFE <u>Elmer Roberts</u>			
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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bertha Stamps</u>		ADDRESS <u>925 So Arch</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastro intestinal hemorrhage</u>  ANTECEDENT CAUSES DUE TO (b) <u>Diabetes mellitis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>		1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260X</u>	
20. AUTOPSY? YES <input 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) (Min)		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 <u>Jan. 10</u> , 19 <u>56</u> , to <u>Jan. 14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan. 14</u> , 19 <u>56</u> , and that death occurred at <u>12:15 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Jim Lanchelle</u> (Degree or title) _____		23b. ADDRESS <u>707 Bdwy, Hannibal, Mo.</u>	
23c. DATE SIGNED <u>1-21-56</u>			
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Jan. 17-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>	
24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1/24/56</u>		REGISTRAR'S SIGNATURE <u>Alvin Lanchelle By McFisher</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo E Roberts</u>		ADDRESS <u>Hannibal</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 1 1956  
MARION CO. HEALTH DEPT.  
DATE FILED FEB 1 1956

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 Edward E Robinson..... Student Embalmer No. 524  
working under my personal supervision..

Student Edward E Robinson  
Signature of Student Embalmer

Signed Geo E Roberts

Licensed Embalmer No. 213

P. O. Address Hannibal

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.