

FILED MAR 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3743

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 15

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

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cassville</u>		c. LENGTH OF STAY (in this place) <u>9 mo.</u>	c. CITY OR TOWN <u>Seligman</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barry Co. Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>2050</u>	
3. NAME OF DECEASED a. (First) <u>Lille</u>		b. (Middle) <u>JANE</u>	
c. (Last) <u>Roberts</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 24 1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JAN 17 1890</u>
9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>7</u>	11. IF UNDER 2 HRS. Hours <u>1</u> Min. <u>0</u>
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>Bush, Ark.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Allen J. Beaver</u>	
13b. MOTHER'S MAIDEN NAME <u>Sally A. Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Joe Roberts</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-09-6576</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>J.M. Hunsels</u>		ADDRESS <u>Seligman Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia following second cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Hypertension + generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH (continued)		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>about 1 1/2 yrs</u> <u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>331X</u>	
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>June 11, 1955</u> , to <u>Febr. 24, 1956</u> , that I last saw the deceased alive on <u>2-24, 1956</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Mary Newman M.D.</u>		23b. ADDRESS <u>Cassville, Mo.</u>	
23c. DATE SIGNED <u>2-28-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-28-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seligman Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Seligman, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Williams</u>	
25. FUNERAL DIRECTOR'S SIGNATURE (continued) <u>100 Davis-Wellborn Ave. Cassville</u>		ADDRESS	

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 356-41

DATE REC. 3-5-56

MAR 7 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 Myself Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond A. Davis
Licensed Embalmer No. 342

P. O. Address Cassville

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.