

FILED OCT 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33151**

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>4049</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Centralia</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY OR TOWN <u>Centralia</u>		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 <u>120 N. Barr, Centralia, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>120 North Barr</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u>			b. (Middle) <u>Jane</u>		c. (Last) <u>Roberts</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 11 1956</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1873 January 23</u>		9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>18</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></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>Homemaking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Randolph County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frederick C. Kaufman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>Jesse A. Roberts Deceased</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. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Myrtle Riley, Centralia, Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary artery disease with acute myocardial failure.</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
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) <u>Centralia Boone Missouri</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>2/24/55</u> , 19 <u>55</u> , to <u>10/10/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10/10/56</u> , 19 <u>56</u> , and that death occurred at <u>12:00p.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree of title) _____				23b. ADDRESS <u>Centralia Missouri</u>		23c. DATE SIGNED <u>10/15/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 14, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City of Centralia</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 16 - 1956</u>		REGISTRAR'S SIGNATURE <u>Maud Mc Bride</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bill G. Meador Centralia, Missouri</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

30

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 Richard A. Norton, Student Embalmer No. 540 working under my personal supervision..

Student Richard A. Norton  
Signature of Student Embalmer

Signed Bill J. Meador

Licensed Embalmer No. 4876

P. O. Address Centralia, Mass

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.