

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27454**

FILED NOV 27 1956

BIRTH NO. _____ REG. DIST. NO. **88** PRIMARY REG. DIST. NO. **4151** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give town) Steelville	c. LENGTH OF STAY (in this place) 36 yrs	c. CITY OR TOWN Steelville	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		e. STREET ADDRESS (If rural, give location) 0280	

3. NAME OF DECEASED (Type or Print) a. (First) Eunice b. (Middle) Anne c. (Last) Roberts		4. DATE OF DEATH (Month) (Day) (Year) Nov 15 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 16 1896
9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Dent County, Missouri
			12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas B. Warfel	13b. MOTHER'S MAIDEN NAME Caroline Nelson	14. NAME OF HUSBAND OR WIFE T. H. Roberts (Deceased)
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ruthene Harrison, Bourbon, Missouri	ADDRESS
---	-------------------------------------	--	---------

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) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 week
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Metastatic carcinoma	DUE TO (c) Renal Carcinoma	4 months
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) (m.)	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 **10-29**, 1956, to **11-15**, 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at **8 A** m., from the causes and on the date stated above.

23. SIGNATURE [Signature]	(Degree or title) M.D.	23b. ADDRESS Steelville	23c. DATE SIGNED 11-19-56
----------------------------------	-------------------------------	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 18, 1956	24c. NAME OF CEMETERY OR CREMATORY Steelville Cemetery	24d. LOCATION (City, town, or county) (State) Steelville Missouri
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. 11/24/56	REGISTRAR'S SIGNATURE Mrs. Hazel Lichner	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Steelville, Mo.
--	---	---	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

50
067

NOV 27 1957

FEB 13 1957

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 Max L. Wray

Licensed Embalmer No. 417

P. O. Address Salem, Va

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.