U.S. No. 300
REV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12929

FILED APR 23 1957

State File No. 36

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fayette, Mo.
c. LENGTH OF STAY (In this place): 48 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lee Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN: Browns Station
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R. R. 1

3. NAME OF DECEASED (Type or Print)
a. (First): MYRTIE
b. (Middle): ANNA
c. (Last): ROBERTS

4. DATE OF DEATH (Month) (Day) (Year): APRIL 14, 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 18, 1890
9. AGE (In years last birthday): 66 — If under 1 year: Months 11, Days 28; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work doneduring most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (City and State or Foreign Country): Boone County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Turk Roberts
13b. MOTHER'S MAIDEN NAME: Martha Roberts
14. NAME OF HUSBAND OR WIFE: Silas A. Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Silas A. Roberts
ADDRESS: Browns Station Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1 Mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) With Acute Intestinal
DUE TO (c) Obstruction

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Carcinoma of Vagina 6 Mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 176x
20. AUTOPSY? YES ☐ NO ☐

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) Fayette (COUNTY) Howard (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1, 1957, *to* 4-14, 1957, *that I last saw the deceased alive on* 4-14, 1957, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. A. Bloom (Degree or title) M.D.
23b. ADDRESS: Fayette Mo
23c. DATE SIGNED: 4-21-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/16/1957
24c. NAME OF CEMETERY OR CREMATORY: Smith Chapel Cemetery
24d. LOCATION (City, town, or county) (State): Howard County, Missouri

DATE REC'D BY LOCAL REG.: 4-21-57
REGISTRAR'S SIGNATURE: Mary K. Shell
25. FUNERAL DIRECTOR'S SIGNATURE: Ralph A. Carr
ADDRESS: Fayette, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

436
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette, Me

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.