S. No. 300
v. 10.48

FILED APR 30 1957

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 14322

BIRTH NO. _____ REG. DIST. NO. 297 ~~444-8~~ PRIMARY REG. DIST. NO. 6024 Registrar's No. 53

**1. PLACE OF DEATH**
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt 1 Elmira
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mile north Elmira Mo

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Ray
c. CITY OR TOWN: Rt 1 0890
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Elmira Missouri

**3. NAME OF DECEASED** (Type or Print)
a. (First): MARY
b. (Middle): Alice
c. (Last): Roberts

**4. DATE OF DEATH** (Month) (Day) (Year): 4-17-57

**5. SEX**: F 1
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed 2
**8. DATE OF BIRTH**: 2-12-1877
**9. AGE** (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House wife
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (City and State or Foreign Country): White Rock Mo 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Wm Lytarger
**13b. MOTHER'S MAIDEN NAME**: Lottie Rodgers
**14. NAME OF HUSBAND OR WIFE**: John Roberts

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME** — ADDRESS: Mrs. Harvey Loose 1 Home

**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): Right Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Essential Hypertension — 5 yrs
DUE TO (c):

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**: 334X
**20. AUTOPSY?** YES ☐ NO ☑ 2

**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): Elmira Ray Missouri
**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* Feb., 1957, *to* April 17, 1957, *that I last saw the deceased alive on* April 12, 1957, *and that death occurred at* 11 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Peter Buehrer M.D.
**23b. ADDRESS**: Lawson Mo.
**23c. DATE SIGNED**: 4/17/57.

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 4- -57
**24c. NAME OF CEMETERY OR CREMATORY**: Forest Hill Cem
**24d. LOCATION** (City, town, or county) (State): Kansas City Mo.

**DATE REC'D BY LOCAL REG.**: April 22-1957
**REGISTRAR'S SIGNATURE**: Malal Jackson
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: D.W. Newcomers Sons K.C. Mo. 1331 Bushcreek

(Licensed Embalmer's Statement on Reverse Side)

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

273 0

## 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..Glenn H. Hice.....

Licensed Embalmer No..4586..

P. O. Address...K. C. 16, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.