

FILED SEP 3 1957

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER
30506

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Slater Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbons Hospital		Length of stay in hospital 30 days	STREET ADDRESS Central (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Effie A Roberts First Middle Last			4. DATE OF DEATH Month Aug. Day 25 Year 1957
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 30-1890
9. AGE (In years - last birthday) 66		IF UNDER 1 YEAR Month 11 Days 24	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Saline Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U S		13. FATHER'S NAME John Lloyd	
14. MOTHER'S MAIDEN NAME Elizabeth Miller		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no	
16. SOCIAL SECURITY NO. 500-03-6648		17. INFORMANT Mrs. Alice Miller Address Slater, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cancer of Ovary DUE TO (c) Obstruction ascending Colon			INTERVAL BETWEEN ONSET AND DEATH 18 hrs. 12 Mo. 6 wks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 153X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 18 57 to Aug 25 57 and last saw her alive on 8-25-57 Death occurred at 6:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE N. E. Leavelle M.D. (Degree or title)		22b. ADDRESS Slater Mo	
22c. DATE SIGNED 8-24-57		23. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE Aug. 27-1957		23c. NAME OF CEMETERY OR CREMATORY City Cemetery	
23d. LOCATION (City, town, or county) Slater, Mo.		(State)	
24. FUNERAL DIRECTOR Bill Brothers, Slater Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 8-26-57	
26. REGISTRAR'S SIGNATURE Cecil Y. Peck			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to nonfatal causes. Diseases in Part I must be causally related.

SEP 9 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..... *A. C. Hill*

Licensed Embalmer No. *36*

P. O. Address.. *Sta*

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