

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039666

STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 149

5. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Ridgeway</u>		0410 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT IN HOSPITAL, give location) HOSPITAL OR INSTITUTION <u>Nell Mem. Hosp.</u>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>None</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Juanita Ethel Roberts</u>				4. DATE OF DEATH Month Day Year <u>11-22-58</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>12-20-1892</u>		9. AGE (In years last birthday) <u>65</u>	F UNDER 1 YEAR Months <u>11</u> Days <u>02</u>	IF UNDER 24 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>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Merion County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>John White</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Clyde Roberts</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Clyde Roberts Ridgeway</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u>							INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Anesthesia for surgery</u>		DUE TO (c) <u>open reduction of fracture left tibia & fibula</u>		48 hrs.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <u>fell in kitchen & fracture left tibia & fibula</u>						
20c. TIME OF INJURY Hour <u>2:00 P.M.</u> Month <u>Nov</u> Day <u>19</u> Year <u>1958</u>		20d. INJURY OCCURRED WHILE AT <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.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Bethany</u>		COUNTY <u>Harrison</u>		STATE <u>Mo.</u>		
21. I attended the deceased from <u>Nov 18, 1958</u> to <u>Nov 22, 1958</u> and last saw her alive on <u>Nov 22, 1958</u> Death occurred at <u>Nov 22, 1958 4:50 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Deceased or title) <u>Miriam Rashard MD</u>				22b. ADDRESS <u>Bethany Mo</u>		22c. DATE SIGNED <u>Nov 24, 1958</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-24-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mom's Chapel</u>		23d. LOCATION (City, town, or county) <u>Bethany Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Walter Bethany Mo</u>			ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Nov. 25-58</u>	26. REGISTRAR'S SIGNATURE <u>Jella Maysey</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Color, contour, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

DEC 18 1958

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 *M. S. Haas*

Licensed Embalmer No. *3899*

P. O. Address *Bethany, Mo.*

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.