

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047571

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 2

DO NOT WRITE ON THIS STUB

AMENDED

Filed JAN 6 1964

1. COUNTY **Dunklin** Length of stay in 1b **5 days** c. CITY OR TOWN **Kennett** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE **Missouri** b. COUNTY **Dunklin** c. CITY OR TOWN **Kennett** Inside Limits Yes No

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Dunklin County Memorial Hospital** Inside Limits Yes No d. STREET ADDRESS **Route 2** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year

DELIA NMI ROBERSON **December 18, 1963**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **3-27-1893** 9. AGE (last birthday) **70**

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (City and state or country) **Naylor, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Gilbert Asher** 13b. MOTHER'S MAIDEN NAME **Louise Bickers** 14. NAME OF HUSBAND OR WIFE **Agal Riggs, Kennett, Mo.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT Address **Kennett, 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) **Car Pulmonary & Hypertension 10 days - Failure - Chronic Pulmonary Fibrosis -** INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days: Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Dec 8, 1963** 20f. CITY, TOWN, OR LOCATION **Kennett, Mo** COUNTY STATE

21. I attended the deceased from **Dec 8, 1963** to **Dec 18, 1963** and last saw her alive on **Dec 18, 1963** Death occurred at **11:00 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **George C. Lummus MD** (Degree or title) 22b. ADDRESS **Kennett, Mo** 22c. DATE SIGNED **1/18/64**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Dec. 20, 1963** 23c. NAME OF CEMETERY OR CREMATORY **Oak Ridge Cemetery** 23d. LOCATION (City, town, or county) **Kennett Missouri** (State)

24. FUNERAL DIRECTOR **Emerson's Baldwin, Kennett, Mo.** ADDRESS **Jan 4 - 1964** 25. DATE RECD. BY LOCAL REG. **Jan 4 - 1964** 26. REGISTRAR'S SIGNATURE **Earl H. Hunsman**

(Licensed Embalmer's Statement on Reverse Side)

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1963-04-27

JAN 8 1964

Dunlin

Dunlin

Kennett

5 days

Kennett

Route 2

Dunlin County Memorial Hospital

December 18, 1963

ROBERSON

W.I.

DELA

3-27-1893

X

Female White

Home, Hwy 1, Missouri, U.S.A.

Retired Housewife

Louise Bickers

Gilbert Baker

None

0X

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 *John S. Emerson*

Licensed Embalmer No. 5148

P. O. Address Kennett, 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.

Burial Dec. 20, 1963. Dec. 20, 1963. Dec. 20, 1963. Dec. 20, 1963.

Emerson's Baldwin, Kennett, Mo.