

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12231

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BIRTH NO. _____		REG. DIST. NO. 143		PRIMARY REG. DIST. NO. 4557		Registrar's No. 15			
1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HOWELL</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>POMONA</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>POMONA</u>		d. STREET ADDRESS (If rural, give location) _____			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ZERA</u>			b. (Middle) <u>MONROE</u>		c. (Last) <u>ROBERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 18 1949</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>May 2, 1848</u>		9. AGE (in years last birthday) <u>100</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>16</u> IF UNDER 24 HRS. Hours _____ Mins. _____	
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 _____		11. BIRTHPLACE (State or foreign country) <u>Audrain County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>JAMES MONROE</u>			13b. MOTHER'S MAIDEN NAME <u>DONT KNOW</u>			14. NAME OF HUSBAND OR WIFE <u>W. W. ROBERSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROBT. MCCLANNAHAN</u> ADDRESS <u>(POMONA, MO.)</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis general</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Feb 18</u> , 19 <u>49</u> , to <u>Feb 18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 18</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>R. O. Missis</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Willow Springs Mo</u>		23c. DATE SIGNED <u>Apr 20 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/21/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PINE GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>HOWELL COUNTY, MO.</u>			
DATE REC'D BY LOCAL REG. <u>April 21, 1949</u>		REGISTRAR'S SIGNATURE <u>Murdock Ballard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Burns</u> ADDRESS <u>Willow Spring, Mo.</u>					

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

RECEIVED

District Health Officer No. 5,

District File Number 449302

Date Filed 4-28-49

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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 embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed Thomas R. Burns.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4214

P. O. Address Willow Springs,

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 this body is not embalmed, fact should be so stated above.