

FILED MAY 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18485

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain Grove, Mo.</u>		c. LENGTH OF STAY (in this place) <u>/</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain Grove, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>325 W. North St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vesta</u>			b. (Middle) <u>B.</u>		c. (Last) <u>Robb</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 14 1899</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>2</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>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Grant City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>John Warden</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edward Walters Mountain Grove,</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Rectum & Uterus.</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>Uræmia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>154 X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 1, 1949</u> to <u>May 16, 1949</u> , that I last saw the deceased alive on <u>May 16, 1949</u> and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. G. France M. D.</u>				23b. ADDRESS <u>Mountain Grove, Mo.</u>		23c. DATE SIGNED <u>5/17-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 17, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Grant City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-17-49</u>		REGISTRAR'S SIGNATURE <u>A. C. Ames</u>		348		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>GRABLE-WINDLE Mountain Grove, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 61
District File Number 449-619
Date Filed 5-26-49

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 _____
Student Embalmer

Signed Frank Heable

Licensed Embalmer No. 4180

P. O. Address Springfield, 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 this body is not embalmed, fact should be so stated above.