

FILED MAY 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. 14274

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 157

1. PLACE OF DEATH
 a. COUNTY St. Francois
 b. CITY (If outside corporate limits, write RURAL and give township) Farmington
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE MISSOURI b. COUNTY ST. FRANCOIS
 c. CITY (If outside corporate limits, write RURAL and give township) FARMINGTON
 d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED
 a. (First) DOLLIE b. (Middle) JANE c. (Last) ROBERTS
 4. DATE OF DEATH (Month) (Day) (Year) April 23, 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 8. DATE OF BIRTH MAY 19 - 1855
 9. AGE (In years last birthday) 94 11 4 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (State or foreign country) Tennessee 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Henry Roberts 13b. MOTHER'S MAIDEN NAME Elizabeth Whitefield 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
 16. SOCIAL SECURITY NO. No 17. INFORMANT'S SIGNATURE OR NAME H. D. Roberts, Farmington, Mo ADDRESS

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 15 hour
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) arteriosclerosis
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
331X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from April 23, 1950, to April 23, 1950, that I last saw the deceased alive on April 23, 1950, and that death occurred at 8:00 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. Whitefield M.D. 23b. ADDRESS Farmington Mo 23c. DATE SIGNED 4/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4-25-50 24c. NAME OF CEMETERY OR CREMATORY X. of B. Cem. 24d. LOCATION (City, town, or county) (State) Farmington, Mo.

DATE REC'D BY LOCAL REG. Apr 25, 1950 REGISTRAR'S SIGNATURE Ether Rudloff 25. FUNERAL DIRECTOR'S SIGNATURE Hoover Farmington Mo ADDRESS

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

941

RECEIVED

MAY 1 1950

DISTRICT HEALTH OFFICE No. 4

FILE No. 550-634

MAY 3 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *C. Hozean*

Signed.....
Student Embalmer

Licensed Embalmer No. *4080*

P. O. Address *Farmington*

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.