

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22596**

BIRTH NO. _____ REG. DIST. NO. **374** PRIMARY REG. DIST. NO. **45-49** Registrar's No. **31**

130

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

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Allendale		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Allendale	
c. LENGTH OF STAY (In this place) 42 years		1130	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give township) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Alolia c. (Last) Roberts			4. DATE OF DEATH (Month) (Day) (Year) June 2 1950		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 19 1866	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 2 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Skyler Rouse	13b. MOTHER'S MAIDEN NAME Green	14. NAME OF HUSBAND OR WIFE John Roberts
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Velma Adams Hatfield, Mo.	ADDRESS
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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) Arterio Sclerotic heart		INTERVAL BETWEEN ONSET AND DEATH 6 mths 5 yrs 4200
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arterio Sclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 10, 1950**, to **June 2, 1950**, that I last saw the deceased alive on **June 2, 1950**, and that death occurred at **7 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. L. Fullerton M.D.	23b. ADDRESS Redding Lou	23c. DATE SIGNED 6/4-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6 4 1950	24c. NAME OF CEMETERY OR CREMATORY Allendale Cemetery	24d. LOCATION (City, town, or county) (State) Allendale Mo.
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DATE REC'D BY LOCAL REG. June 8 1950	REGISTRAR'S SIGNATURE John E. Newson	25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Dimpfel	ADDRESS Stant City, Mo
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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.

Student
Student Embalmer

Signed..... *Arch C. Dunfee*

Licensed Embalmer No. *3252*

P. O. Address *Grant City, 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.