FILED JUL 31 1950

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22626

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 173

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (In this place): 6 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grim-Smith Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: McHenry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woodstock 8120
d. STREET ADDRESS (If rural, give location): Gen. Del. 8

3. NAME OF DECEASED (Type or Print)
a. (First): Wanda
b. (Middle): Leona
c. (Last): Roberts

4. DATE OF DEATH (Month) (Day) (Year): July 4, 1950

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 24, 1932
9. AGE (In years last birthday): 18 — Months: 5 — Days: 20 — If under 1 year: Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: domestic
11. BIRTHPLACE (State or foreign country): Gifford, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Clyde McCollum
13b. MOTHER'S MAIDEN NAME: Evelyn Lucille Tucker
14. NAME OF HUSBAND OR WIFE: Emmet Roberts

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: W H McCollum
ADDRESS: Gifford Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Streptococcus sore throat — 6 mo ~~4 mo~~

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

051X

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) m.
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* 6-3-, 1950, *to* 7-4-, 1950, *that I last saw the deceased alive on* July 4, 1950, *and that death occurred at* 1:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: George E. Grim **(Degree or title)**: MD
23b. ADDRESS: Kirksville, Mo
23c. DATE SIGNED: 7/7/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/7/50
24c. NAME OF CEMETERY OR CREMATORY: LaPlata Cemetery
24d. LOCATION (City, town, or county) (State): LaPlata, Mo.

DATE REC'D BY LOCAL REG.: 7-7-50
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: Randolph Davis
ADDRESS: Kirksville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0013
0

JAN 2 7 1954

RECEIVED JUL 1 8 1950
District Health Officer No. 10
District File Number 7-50-1178
Date Filed JUL 2 7 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 .....
....., Student Embalmer No. .....,
working under my personal supervision.

Student .....
Student Embalmer

Signed Geo. B. Emery Jr.

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.