

FILED AUG 21 1950

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 26314

BIRTH NO. 124		REG. DIST. NO. 68		PRIMARY REG. DIST. NO. 5267		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Christian				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MO. b. COUNTY Christian County			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Spokane, Mo. Rural S. Yellow		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Spokane Mo Rural South Yellow Township			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Home South Yellow Township				d. STREET ADDRESS (If rural, give location) Rural 0370			
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Francis c. (Last) Roberts			4. DATE OF DEATH (Month) (Day) (Year) July 9, 1950				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 31, 1891	9. AGE (In years last birthday) 59 yrs	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (State or foreign country) Iowa, 1		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Marion Roberts		13b. MOTHER'S MAIDEN NAME Etta Keith		14. NAME OF HUSBAND OR WIFE Nellie Roberts			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nellie Roberts Spokane 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Syncope - Sarcoma Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary in Intestinal Lead. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 yr.  153X	
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 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 1947, to July 9, 1950, that I last saw the deceased alive on July 7, 1950, and that death occurred at 1:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE D.P. Coletti (Degree or title) D.O.				23b. ADDRESS Aurora, Mo		23c. DATE SIGNED 7-10-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 11, 1950	24c. NAME OF CEMETERY OR CREMATORY Spokane County		24d. LOCATION (City, town, or county) (State) Christian County Mo		
DATE REC'D BY LOCAL REG. Aug. 3-1950		REGISTRAR'S SIGNATURE Etta Leonard 59		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. B. Chaffin Ozark Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED AUG 16 1950

Dist. File 850-963

Date Filed 8-14-50

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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 T. B. Chaffin.....

Licensed Embalmer No. 2192.....

P. O. Address Ozark 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.