

FILED DEC 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36802**BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **5478** Registrar's No. **152**

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gelt-Rural-Mexico TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Laredo	
c. LENGTH OF STAY (In this place) 5 Days		d. STREET ADDRESS (If rural, give location) 6 mi. North Laredo	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) Julia b. (Middle) Wood c. (Last) Roots			4. DATE OF DEATH (Month) (Day) (Year) November 27 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Sept. 11 - 1876		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR: Months 2 Days 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William Wood		13b. MOTHER'S MAIDEN NAME Elizabeth Owen		14. NAME OF HUSBAND OR WIFE E.J. Roots	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-09-7082		17. INFORMANT'S SIGNATURE OR NAME William Thomas Roots Laredo, Mo	
				ADDRESS Laredo, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity 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.		4500	

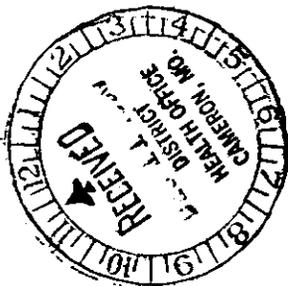
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **Nov 26, 1950**, to **Nov 27, 1950**, that I last saw the deceased alive on **Nov 27, 1950** and that death occurred at **8:29 pm.**, from the causes and on the date stated above.

23a. SIGNATURE E. A. Duffy M.D.		23b. ADDRESS Granton, Mo		23c. DATE SIGNED Nov 28, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/30/1950		24c. NAME OF CEMETERY OR CREMATORY Laredo	
24d. LOCATION (City, town, or county) (State) Laredo Missouri		25. FUNERAL DIRECTOR'S SIGNATURE E.J. Robertson Funeral Home Laredo Mo			
DATE REC'D BY LOCAL REG. 11-30-50		REGISTRAR'S SIGNATURE Jane Saw		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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



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

John M Robertson

Licensed Embalmer No.

4388

P. O. Address

Laredo 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.