

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 46

0940
2

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington St. Francois</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Morehouse</u>	
c. LENGTH OF STAY (in this place) <u>13 days</u>		d. STREET ADDRESS (If rural, give location) <u>Box 206</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>TEMPLE</u>	b. (Middle) <u>RUTH</u>	c. (Last) <u>ROBERSON</u>	(Month) <u>February</u>	(Day) <u>6</u>	(Year) <u>1951</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 7, 1917</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 1 YEAR Days <u>29</u>	IF UNDER 1 YEAR Hours <u></u>	IF UNDER 1 YEAR Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Atkins, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>O. Horace Crouthers</u>	13b. MOTHER'S MAIDEN NAME <u>Vida King</u>	14. NAME OF HUSBAND OR WIFE <u>E. W. Roberson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records, State Hospital No. 4, Farmington, Mo.</u>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia-</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		<u>6 days</u>
	DUE TO (b) <u>Acute Nephritis-</u>		
	DUE TO (c) <u>Unknown</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Psychosis, Dementia Praecox</u>			<u>590X</u> <u>2 weeks</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (min.)	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 Jan. 23, 1951, to Feb. 6, 1951, that I last saw the deceased alive on Feb. 6, 1951, and that death occurred at 8:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE (De signer's title) <u>John A. Brennan M.D.</u>	23b. ADDRESS <u>Farmington, State Hospital No. 4, Mo.</u>	23c. DATE SIGNED <u>2-7-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-8-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sikeston Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 10, 1951</u>	REGISTRAR'S SIGNATURE <u>Cather Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Welsh Funeral Home, Sikeston, Mo.</u>	ADDRESS
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File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 19 1951

RECEIVED

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.....
Student Embalmer

Signed Paul H. [Signature]

Licensed Embalmer No. 412a

P. O. Address Farmington, Conn.

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.