

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 5 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4198 Registrar's No. 50

0380
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH <u>At Home</u> a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>King City Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>King City Mo.</u>	
c. LENGTH OF STAY (in this place) <u>76 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophonria</u> b. (Middle) <u>Jane</u> c. (Last) <u>Roberson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5.19.1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1.11.1854</u>	9. AGE (In years last birthday) <u>97</u>	IF UNDER 1 YEAR Days <u>4</u> Hours <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Andrew Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>David Yingst</u>		13b. MOTHER'S MAIDEN NAME <u>Cathrine Raines</u>		14. NAME OF HUSBAND OR WIFE <u>Daniel C.</u>	
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 ADDRESS <u>Mrs. Jess Clark. King City Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2</u> years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>		
	11. 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 <u>4201</u>		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)			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 5.19.51, 1951, that I last saw the deceased alive on May 10, 1950, and that death occurred at 11:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>W. Blacklock M.D.</u>		23b. ADDRESS <u>King City Mo.</u>		23c. DATE SIGNED <u>5.21.1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial 1951</u>		24b. DATE <u>5.21.1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ford City</u>		24d. LOCATION (City, town, or county) (State) <u>Ford City Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>May 23-1951</u>		REGISTRAR'S SIGNATURE <u>Edith Gehlde 430</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R.S. Jaggard King City Mo.</u>	
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

R. G. Taggart

Signed.....
Student Embalmer

Licensed Embalmer No. 2563

P. O. Address King 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.