

FILED JUL 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19327

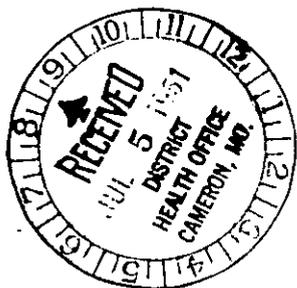
State File No.

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4005 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>ANDREW</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ANDREW</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fillmore mo</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FILLMORE</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FILLMORE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJIMAN</u> b. (Middle) _____ c. (Last) <u>ROBERTS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-24-1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>4-14-1869</u>
9. AGE (In years last birthday) <u>82</u>		if UNDER 1 YEAR Months <u>2</u> Days <u>10</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED-FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>GIDION ROBERTS</u>		13b. MOTHER'S MAIDEN NAME <u>DELILA-TOWNSEND</u>	14. NAME OF HUSBAND OR WIFE <u>NELLIE ROBERTS</u>
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 <u>Mrs. Nellie Roberts</u> FULL ADDRESS <u>Fillmore</u>
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) <u>Internal Hemorrhage</u> ANTECEDENT CAUSES <u>Pneumonia of Stomach</u> 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.		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>	
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 <u>June 21, 1951</u> , to <u>June 24, 1951</u> , that I last saw the deceased alive on <u>June 24, 1951</u> , and that death occurred at <u>80</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. S. Holliday</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Fillmore Mo.</u>	23c. DATE SIGNED <u>6-25-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-27-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fillmore</u>	24d. LOCATION (City, town, or county) (State) <u>Fillmore mo</u>
DATE REC'D BY LOCAL REG. <u>6-27-51</u>	REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home</u> ADDRESS <u>SAVANNAH MO</u>	

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

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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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.