

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21982**

BIRTH NO. _____ REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **3004** Registrar's No. **55**

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BARTON	
b. CITY (If outside corporate limits, write RURAL and give township) LAMAR		c. CITY (If outside corporate limits, write RURAL and give township) LAMAR	
c. LENGTH OF STAY (In this place) 2 da		d. STREET ADDRESS (If rural, give location) 0061	
d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) C c. (Last) ROBERTS			4. DATE OF DEATH (Month) (Day) (Year) JULY 2 1951		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH MARCH 7 1864			9. AGE (In years last birthday) 87		10. CITIZEN OF WHAT COUNTRY? US
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) IOWA

13a. FATHER'S NAME ALEX SMITH		13b. MOTHER'S MAIDEN NAME ROXIE BAKER		14. NAME OF HUSBAND OR WIFE GEORGE W. ROBERTS	
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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) NO XXX		16. SOCIAL SECURITY NO. XXX		17. INFORMANT'S SIGNATURE AND ADDRESS MRS. ELSIE BUTLER, FT. BRAGG, CALIF.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation		ANTECEDENT CAUSES		1 wk	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		3-4 days	
DUE TO (b) Coronary occlusion		DUE TO (c) Hypertensive-Atherosclerotic heart disease		years	
II. 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		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) 4200	
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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?	
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22. I hereby certify that I attended the deceased from **7/1/51**, 19**51**, to **7/2/51**, 19**51**, that I last saw the deceased alive on **7/2/51**, 19**51**, and that death occurred at **8:55 p.m.** from the causes and on the date stated above.

23a. SIGNATURE D. R. Cain (Deputy of title)		23b. ADDRESS Lamar, Mo		23c. DATE SIGNED 7/5/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 7 1951		24c. NAME OF CEMETERY OR CREMATORY LAKE CEMETERY		24d. LOCATION (City, town, or county) (State) LAMAR, MISSOURI	
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DATE REC'D BY LOCAL REG. JUL 7 - 1951		REGISTRAR'S SIGNATURE Marie Konantz		25. FUNERAL DIRECTOR'S SIGNATURE KONANTZ FUNERAL HOME,		ADDRESS LAMAR, MISSOURI	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0061

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

JUL 9 1951

Dist. File

221-1224

Date Filed

7-13-51

JUL 20 1951

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.....

Carl F. Konantz

Signed.....
Student Embalmer

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

(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.