No. 300
10.48

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

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22168

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 716

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph 0117
d. STREET ADDRESS (If rural, give location): 1313 Edmond 8

3. NAME OF DECEASED (Type or Print)
a. (First): Minnie
b. (Middle): Lee
c. (Last): Roberts

4. DATE OF DEATH (Month) (Day) (Year): July 4. 1951

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed ✓
8. DATE OF BIRTH: Sept 15 1867
9. AGE (In years last birthday): 83. Months: 9 Days: 19 If under 1 year: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Greenberry Johnson.
13b. MOTHER'S MAIDEN NAME: Sarah Jolly
14. NAME OF HUSBAND OR WIFE: ~~not given~~ Robert L.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Opal Johnson. **ADDRESS**: 1313 Edmond St Jos Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio-sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 490 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 2, 1951, *to* July 4, 1951, *that I last saw the deceased alive on* July 4, 1951, *and that death occurred at* 10:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Marion Goodman M.D. (Degree or Title)
23b. ADDRESS St Joseph Mo State Hospital No 2
23c. DATE SIGNED 7/5 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/5/1951
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Moberly, Missouri

DATE REC'D BY LOCAL REG.: July 9, 1951
REGISTRAR'S SIGNATURE: Carl C. Casad
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Heaton-Bauman Funeral Home, St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Wilhelmine Spalding

Signed.....
Student Embalmer

Licensed Embalmer No. 4535

P. O. Address 3195 10th St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.