No. 300
10.48

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22436

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5275 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alexandria R.F.D.
c. LENGTH OF STAY (In this place): 2yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): #.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lee Moines Tp. 1230
d. STREET ADDRESS (If rural, give location): Alexandria, Mo. R.F.D. 1

3. NAME OF DECEASED (Type or Print): a. (First) Mrs. b. (Middle) Ulyses c. (Last) Sumpter Roberts

4. DATE OF DEATH (Month) July (Day) 2 (Year) 1951

5. SEX: F.M.
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 1 1867
9. AGE (In years last birthday): 83 — If under 1 year: Months 7, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: house keeping
11. BIRTHPLACE (State or foreign country): Clark Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Thorrington
13b. MOTHER'S MAIDEN NAME: Eliza Adams
14. NAME OF HUSBAND OR WIFE: Ulyses Sumpter Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Mrs Geo Egley — **ADDRESS**: Alexandria 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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Nephritis — 2 yrs
DUE TO (c)

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: 592X
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) a.m. p.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* May 13, 1946 *to* July 2, 1951, *that I last saw the deceased alive on* July 1, 1951, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Charles Y Davis MD
23b. ADDRESS: Chariton Mo
23c. DATE SIGNED: July 3-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 5- 51
24c. NAME OF CEMETERY OR CREMATORY: SAND
24d. LOCATION (City, town, or county) (State): St. Francisville Mo.

DATE REC'D BY LOCAL REG. 7/13- 51
REGISTRAR'S SIGNATURE: J A Bridges
25. FUNERAL DIRECTOR'S SIGNATURE: H.F. Kircher — **ADDRESS**: Wayland Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JUL 10 1951
DISTRICT HEALTH OFFICE #2
District File Number 251-128
Date Filed: JUL 16 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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 2611

P. O. Address Wayland

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.