No. 300
10.48

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

FILED SEP 4 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26397

BIRTH NO. ____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 4107 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Cedar 0201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): El Dorado Springs
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): W. Olive St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): El Dorado Springs 0201
d. STREET ADDRESS (If rural, give location): W. Olive St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Ernest
b. (Middle): R.
c. (Last): Roby

4. DATE OF DEATH (Month) (Day) (Year): Aug. 19, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 1, 1875
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Cedar County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank Roby
13b. MOTHER'S MAIDEN NAME: Margaret Kenny
14. NAME OF HUSBAND OR WIFE: Hattie Roby

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Hattie Roby
ADDRESS: El Dorado Sps. Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Physical exhaustion — INTERVAL BETWEEN ONSET AND DEATH: ____

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gastric carcinoma — 1 yr
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: 151X
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 19, 1951, *to* Aug 19, 1951, *that I last saw the deceased alive on* Aug 18, 1951, *and that death occurred at* 3:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. H. Sunderworth (Degree or title): DO
23b. ADDRESS: El Dorado Sps. Mo
23c. DATE SIGNED: 8/21/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-22-51
24c. NAME OF CEMETERY OR CREMATORY: Hackleman Cemetery
24d. LOCATION (City, town, or county) (State): Cedar County, Mo

DATE REC'D BY LOCAL REG.: Aug. 21, 1951
REGISTRAR'S SIGNATURE: Leon W. Nifong for F. C. Knowlton, Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Glenn Gardner
ADDRESS: El Dorado Springs Mo.

(Licensed Embalmer's Statement on Reverse Side)

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED AUG 28 1951
Dist. File 851-1565
Date Filed 8-28-51

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 Troy W. Pickering

Signed.....
Student Embalmer

Licensed Embalmer No. 4696

P. O. Address El Dorado Springs

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.