No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43968

FILED JAN 22 1952

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5556 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY Howell 0460
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cureall Spg. Crk. Twp.
c. LENGTH OF STAY (In this place) 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) "R" Springcreek Twp. 0460
d. STREET ADDRESS (Mail) (If rural, give location) Pottersville, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN b. (Middle) RILEY c. (Last) ROBERTS

4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1951

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Oct. 4, 1871
9. AGE (In years last birthday) 80 — 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
11. BIRTHPLACE (State or foreign country) Dent Co., Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME RICHARD ROBERTS
13b. MOTHER'S MAIDEN NAME MARY MERRITT
14. NAME OF HUSBAND OR WIFE MINNIE BREEDLOVE 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.
17. INFORMANT'S SIGNATURE OR NAME Mrs. J. R. Roberts; **ADDRESS** Pottersville, 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) Acute myocarditis — 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) Lobar pneumonia

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 490X
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* _____, 1947, *to* Dec. 31, 1951, *that I last saw the deceased alive on* Dec. 31, 1951, *and that death occurred at* 8:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Daniel R. Sand (Degree or title) D.O.
23b. ADDRESS Bolivar, Mo.
23c. DATE SIGNED 1-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JAN. 1, 1952
24c. NAME OF CEMETERY OR CREMATORY BLUE MOUND CEM.
24d. LOCATION (City, town, or county) HOWELL CO., (State) Missouri

DATE REC'D BY LOCAL REG. 1-16-52
REGISTRAR'S SIGNATURE Beatrice Cook
25. FUNERAL DIRECTOR'S SIGNATURE Hal Thornburgh **ADDRESS** W. Plains, 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, [redacted] .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Hal Thomson Jr

Licensed Embalmer No. 3408

P. O. Address W. Palm, M

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.