

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14316**
Registrar's No. **49**

No. 300
v. 10.48
ED MAR 15 1952

2883
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		State File No. 14316		Registrar's No. 49			
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph							
b. CITY OR TOWN Moberly				c. LENGTH OF STAY (In this place) 1 hour		c. CITY OR TOWN Cairo 0810					
d. FULL NAME OF HOSPITAL OR INSTITUTION McConnell Hospital				d. STREET ADDRESS (If rural, give location) 1							
3. NAME OF DECEASED (Type or Print) POLLY ROBERTS				a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Nov-24-1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec-2-1880		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days 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 _____		11. BIRTHPLACE (State or foreign country) Randolph County Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George M. Reynolds				13b. MOTHER'S MAIDEN NAME Lucretia Ann Snodgrass				14. NAME OF HUSBAND OR WIFE Albert Roberts			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Harry Snodgrass ADDRESS Cairo 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal injuries ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) automobile wreck DUE TO (c) _____								INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Ex 164-26								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Cause		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) 08 Randolph (COUNTY) (STATE) MO.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov-24-51 4³⁰ PM					
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? she car was moving down road but by another car.									
22. I hereby certify that I attended the deceased from Nov 24 , 19 51 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:50 p.m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Thos. C. Barnes				23b. ADDRESS Cairo Moberly MO				23c. DATE SIGNED Nov-25-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov-26-1951		24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery		24d. LOCATION (City, town, or county) (State) North East of Cairo MO.					
DATE REC'D BY LOCAL REG. 2-12-52		REGISTRAR'S SIGNATURE Boak H. ...		25. FUNERAL DIRECTOR'S SIGNATURE ... 264		ADDRESS ... Moberly MO					

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Woburn, Mo

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.