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

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1952

State File No. **5707**  
 Registrar's No. **141**

BIRTH NO. _____		REG. DIST. NO. <b>198</b>		PRIMARY REG. DIST. NO. <b>5719</b>		Registrar's No. <b>141</b>	
1. PLACE OF DEATH a. COUNTY <b>Macon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Macon</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Berwin Rural</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Berwin Rural</b>		b. COUNTY <b>Macon</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Melvina</b>			b. (Middle) <b>Roberts</b>		c. (Last) <b>Hughes</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2-28-52</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>6-28-1863</b>		9. AGE (in years last birthday) <b>85</b>	IF UNDER 1 YEAR Months Days	IF UNDER 6 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Berwin Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Thomas R. Roberts</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret A. Miller</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Waldo Hughes</b> ADDRESS <b>Berwin Mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pneumonia</b> DUE TO (c) <b>Influenza</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Welder's Foot Infection, Hypertension, Arteriosclerosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>  <b>10 days</b> <b>several years</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>1/9/50</b> to <b>2/28/52</b> , 1952, that I last saw the deceased alive on <b>2/28/52</b> , 1952, and that death occurred at <b>4 P.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>C. L. Duerden</b> (Degree or Title)				23b. ADDRESS <b>Macon</b>		23c. DATE SIGNED <b>2/3/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>3/2/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mead Oakwood</b>		24d. LOCATION (City, town, or county) (State) <b>Berwin Mo</b>		
DATE REC'D BY LOCAL REG. <b>3/3/52</b>		REGISTRAR'S SIGNATURE <b>Josephine King</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Edward Bevis</b>		ADDRESS <b>Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 3.52.40  
Date Filed 3.13.52

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 James D Davis  
Licensed Embalmer No. 4478

P. O. Address Bainbridge Ga

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.