

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7869**

APR 7 1952
BIRTH NO. **4-4-52** REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4154** Registrar's No. **29**

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

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Dade	
b. CITY OR TOWN Greenfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield 1290	
d. FULL NAME OF HOSPITAL OR INSTITUTION 206 Lilly St		d. STREET ADDRESS (If rural, give location) 206 Lilly St. 0	

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Catherine c. (Last) Roberts			4. DATE OF DEATH (Month) (Day) (Year) Mar 31, 1952		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH July 6, 1873		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 8 Days 25		IF UNDER 2 HRS. Hours - Min. -	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (State or foreign country) Washburn, Missouri			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
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13a. FATHER'S NAME Steven Albert Reese			13b. MOTHER'S MAIDEN NAME Catherine Cook			14. NAME OF HUSBAND OR WIFE Frank M. Roberts		
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank M. Roberts; 206 Lilly St., Greenfield, Mo.			
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) stroke						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) _____ 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 334X						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from **3-25, 1952**, to **3-31, 1952**, that I last saw the deceased alive on **3-31, 1952**, and that death occurred at **10:20p m.**, from the causes and on the date stated above.

23a. SIGNATURE W. O. Cowan (Degree or title) M.D.			23b. ADDRESS Greenfield, Mo.			23c. DATE SIGNED 4-1-52		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 3, 1952		24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cem.		24d. LOCATION (City, town, or county) (State) Miller Missouri	
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DATE REC'D BY LOCAL REG. 4-4-52		REGISTRAR'S SIGNATURE Geo. R. Weir			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. Canada, Greenfield, Mo.		
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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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

J. C. Canada

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, N.H.*

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.