

FILED JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23372

BIRTH NO. _____ REG. DIST. NO. 922 PRIMARY REG. DIST. NO. 4186 Registrar's No. 50

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1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Taney	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brownbranch, R, Beaver		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brownbranch, Rural, Beaver		d. STREET ADDRESS (If rural, give location) 1060	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Olus		b. (Middle) Owen		c. (Last) Roberts		4. DATE OF DEATH (Month) (Day) (Year) 6-18-52	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 3-17-10	
9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Own farm			11. BIRTHPLACE (City and State or Foreign Country) Brownbranch, Missouri	
						12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Wayne L. Roberts		13b. MOTHER'S MAIDEN NAME Edna Dann		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Wayne Roberts	
				ADDRESS Brownbranch, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute heart attack		DUE TO (b) had never recovered from			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Typh fever 3 years ago			
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				1049	

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)		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 **6-18, 1952 to 6-18, 1952**, that I last saw the deceased **6-18, 1952**, and that death occurred at **4:10A m.**, from the causes and on the date stated above.

23a. SIGNATURE Thane South Carone		(Degree or title) 3		23b. ADDRESS Bramson, Mo		23c. DATE SIGNED 6-18-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-20-52		24c. NAME OF CEMETERY OR CREMATORY Bethal Brownbranch, Missouri		24d. LOCATION (City, town, or county) (State) Missouri	
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DATE REC'D BY LOCAL REG. 6-18-52		REGISTRAR'S SIGNATURE J. E. Coyne		25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard Funeral Home, Ava, Mo		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.