

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

23560

State File No. ....  
 Registrar's No. 116

FILED JUL 21 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5035

4040

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

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Saling</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Saling</u>	
c. LENGTH OF STAY (In this place) <u>Years</u>		d. STREET ADDRESS (If rural, give location) <u>RFD 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>RFD 4 Centralia, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSA</u> b. (Middle) <u>LEE</u> c. (Last) <u>ROBERTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>9-5-1879</u>			9. AGE (In years last birthday) <u>72</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Andrew Bowne</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Andrews</u>		14. NAME OF HUSBAND OR WIFE <u>W. B. Roberts</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. B. Roberts</u> ADDRESS <u>RFD 4 Centralia, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
*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) <u>Angina with my. The deceased</u>			
		ANTECEDENT CAUSES			
		DUE TO (b) <u>was found dead in her home</u>			
		DUE TO (c) <u>With a 22 bullet wound in right temple. Verdict suicide</u>			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>E976X</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Saling Audrain Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-15-52 7a</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self inflicted while of Vans on d</u>	
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22. I hereby certify that I attended the deceased from Coroner's Case, 1952, that I last saw the deceased live on July 15, 1952, and that death occurred at 7a m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. C. Adams M.D. Coroner</u>		23b. ADDRESS <u>Mexico Mo.</u>		23c. DATE SIGNED <u>7-15-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-17-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleman's Chapel</u>	
				24d. LOCATION (City, town, or county) (State) <u>Audrain County, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>July 17-1952</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill J. Meador</u> ADDRESS _____	
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VS  
SEP 3 1941

**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 Bill J. Meadows

Signed.....  
Student Embalmer

Licensed Embalmer No. 4876

P. O. Address Centralia, Missouri

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.