

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31156

State File No.

LED OCT 8 1952

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5371 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington Sup</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington Sup</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0311</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Corra</u> b. (Middle) <u>Roberts</u> c. (Last) <u>Roberts</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-23-52</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>6-29-1869</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired) <u>Retired housewife</u>	11. BIRTHPLACE (State or foreign country) <u>MO</u>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>John Woods</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie West</u>	14. NAME OF HUSBAND OR WIFE <u>J. J. Roberts</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Emma F. Gault, Winston, Mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
	ANTECEDENT CAUSES Morbidity 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 9-23-1952 to 9-23-1952, that I last saw the deceased alive on 9-23-1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Bailey, D.O.</u>	23b. ADDRESS <u>Jamestown Mo</u>	23c. DATE SIGNED <u>10-3-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sep 25 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Winston Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Winston MO</u>
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DATE REC'D BY LOCAL REG. <u>10-5-52</u>	REGISTRAR'S SIGNATURE <u>Virginia M Engelhart</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kate Stouff Winston</u>	ADDRESS <u>MO</u>
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(Licensee's Embalmer's Statement on Reverse Side)

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

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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.....

.....
Student Embalmer No.

.....
working under my personal supervision.

Student
Student Embalmer

Signed

L. O. Dickerson

Licensed Embalmer No. *3302*

P. O. Address *Callahan, W.*

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.