

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37405**

NOV 3 1952

BIRTH NO. **74091** REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **6186** Registrar's No. **94**

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 Taneyville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Taneyville 1060	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) Taneyville, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Taneyville home			

3. NAME OF DECEASED (Type or Print) a. (First) HEIHA b. (Middle) JUANITA c. (Last) Roberts			4. DATE OF DEATH (Month) (Day) (Year) Oct 23 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Oct 23 1952	9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 0 Days 1 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo
				12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Junior Lee Roberts		13b. MOTHER'S MAIDEN NAME Melva Louise Roberts		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 Junior Lee Roberts ADDRESS Taneyville Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH BIRTH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Silent Forebrain Stroke		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused 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) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 **10/23, 1952**, to **10/23, 1952** that I last saw the deceased alive on **10/23 1952** and that death occurred at **12:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Junior Lee Roberts M.D. (Degree or title)		23b. ADDRESS Bronson, Mo		23c. DATE SIGNED 10/24/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/24/52		24c. NAME OF CEMETERY OR CREMATORY Helphrey Cemetery	
				24d. LOCATION (City, town, or county) (State) Taneyville, Mo	
DATE REC'D BY LOCAL REG. Oct. 25-1952		REGISTRAR'S SIGNATURE S E Copwell 376		25. FUNERAL DIRECTOR'S SIGNATURE Wayne Funeral Home Taneyville Mo ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

060

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Walter S. Cook*

Licensed Embalmer No. *4731*

P. O. Address *Forsyth, 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.