No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39434

State File No.

BIRTH NO. REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5754 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY: Maries
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Dry Creek
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Maries
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Dry Creek 0630
d. STREET ADDRESS (If rural, give location): 4

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Thomas
c. (Last): Roberson

4. DATE OF DEATH (Month): 11 (Day): 3 (Year): 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: 2/5/1911
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months 8, Days 28 — 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 (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Glen Roberson
13b. MOTHER'S MAIDEN NAME: Stella Eads
14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Stella Roberson, Hayden, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary infarction — 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) Mitral stenosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Old coronary infarction

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 410X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/6/52, 19___, *to* 11/3/52, 19___, *that I last saw the deceased alive on* 11/3/52, 19___, *and that death occurred at* 2:P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: S. C. Howard
(Degree or title): D.O.
23b. ADDRESS: Vienna, Missouri
23c. DATE SIGNED: 11/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 11/5/1952
24c. NAME OF CEMETERY OR CREMATORY: Kenner
24d. LOCATION (City, town, or county) (State): Maries County, Missouri

DATE REC'D BY LOCAL REG.: 11-10-52
REGISTRAR'S SIGNATURE: Pauline Howard 188-0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Fred H. Gilbert, Dixon, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 Maurice E. Scheinbaum

Signed.....
Student Embalmer

Licensed Embalmer No. 4505

P. O. Address Dixon, 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.