S. No. 300
r. 10.48

FILED DEC 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41680

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4061 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Braymer
c. LENGTH OF STAY (In this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City limits

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Braymer 0130
d. STREET ADDRESS (If rural, give location): city limits

3. NAME OF DECEASED (Type or Print)
a. (First): LOTTIE
b. (Middle): EMMALINE
c. (Last): ROBERTS

4. DATE OF DEATH (Month) (Day) (Year): 11/9/'52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 24, 1882
9. AGE (In years last birthday): 70 — If under 1 year: Months 6, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (City and State or Foreign Country): Carroll Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: U.

13a. FATHER'S NAME: Albert Foreman
13b. MOTHER'S MAIDEN NAME: Mary Ann Davis
14. NAME OF HUSBAND OR WIFE: C. L. Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Paul Roberts — **ADDRESS**: Branson, Mo

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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility with Dementia
DUE TO (c) Arteriosclerosis

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
4500
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* Nov 6, 1952, *to* Nov 9, 1952, *that I last saw the deceased alive on* Nov 9, 1952, *and that death occurred at* 9:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE J. Klemper, M.D. (Degree or title)
23b. ADDRESS Braymer, Mo
23c. DATE SIGNED Nov 26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11/11/'52
24c. NAME OF CEMETERY OR CREMATORY: Evergreen cemetery
24d. LOCATION (City, town, or county) (State): Braymer Mo.

DATE REC'D BY LOCAL REG.: 12-10-52
REGISTRAR'S SIGNATURE: Mrs. Nell B. Jones
25. FUNERAL DIRECTOR'S SIGNATURE Lewis, Michael — **ADDRESS**: Braymer, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 23 1952

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 Lewis Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.