

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10913

State File No.

FILED MAR 25 1953

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rte 1, Box 80, Leasburg, Mo.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0280	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps Co. Mem. Hospital			

3. NAME OF DECEASED (Type or Print) Helen	a. (First)	b. (Middle) Elizabeth	c. (Last) Roberts	4. DATE OF DEATH (Month) March (Day) 20 (Year) 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 21, 1900	9. AGE (In years last birthday) 52 52 Months 3 Days 29	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME George B. Costello	13b. MOTHER'S MAIDEN NAME Ida Heinecke	14. NAME OF HUSBAND OR WIFE Dona A. Roberts
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Dona R. Roberts ADDRESS Rte, 1., Leasburg, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Pulmonary Embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Septic Thrombosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5702	

19a. DATE OF OPERATION 3-20-53	19b. MAJOR FINDINGS OF OPERATION mesenteric thrombosis terminal ileum	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)	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 3-20, 1953, to 3-20, 1953 that I last saw the deceased alive on 3-20, 1953, and that death occurred at 7:20P m., from the causes and on the date stated above.

23. SIGNATURE <i>[Signature]</i> (Degree or title)	23b. ADDRESS Rolla, Mo	23c. DATE SIGNED 3-21-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE MARCH 23, 1953	24c. NAME OF CEMETERY OR CREMATORY National Cem	24d. LOCATION (City, town, or county) (State) Leasburg, Mo.
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DATE REC'D BY LOCAL REG. MAR. 21, 1953	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS Rolla, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number _____
Date Filed 3-24-53

MAR 27 1953

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 Paul A. Handshie
Licensed Embalmer No. 3472
P. O. Address Cuba, 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.