

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16946  
State File No. ....

FILED JUN 2 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4013 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Johnson</u> <u>0030</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Shelby City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Shelby City</u> <u>0030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>name</u>		d. STREET ADDRESS (If rural, give location) <u>name</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wine</u> b. (Middle) <u>Marie</u> c. (Last) <u>Roberts</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-28-1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-19-1875</u>	9. AGE (In years last birthday) <u>77</u> 10. IF UNDER 1 YEAR Months <u>9</u> Days <u>9</u>	11. IF UNDER 1 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Pleasantville, South Carolina</u>	12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>
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13a. FATHER'S NAME <u>Albert Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Hilderholt</u>	14. NAME OF HUSBAND OR WIFE <u>John</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Roberts, Martinsville, Mo.</u>	ADDRESS <u>Martinsville, Mo.</u>
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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 <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dissecting Aneurysm of Aorta</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> 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 <u>451X</u>	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) m.	21e. INJURY OCCURRED WHILE AT <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 5-24, 1953, to 5-28, 1953, that I last saw the deceased alive on 5-28, 1953, and that death occurred at 7:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wallace Carpenter M.D.</u>	23b. ADDRESS <u>Rock Port, Mo.</u>	23c. DATE SIGNED <u>5-29-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-28-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linden Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Rock Port, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5/30/53</u>	REGISTRAR'S SIGNATURE <u>M. H. Schuler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bartholomew Martiney</u>	ADDRESS <u>Rock Port</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 19 1953

JUN 22 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.

Signed Erst Barchatow

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3173

P. O. Address Rock Port. 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.