

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **27913**

No. 300  
10-48  
*Goldberg*  
FILED AUG 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **4062** Registrar's No. **32**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Caldwell</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission): a. STATE <b>Mo.</b> b. COUNTY <b>Caldwell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cowgill</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Braymor, Mo.</b>	
c. LENGTH OF STAY (In this place) <b>2 months</b>		d. STREET ADDRESS (If rural, give location) <b>city limits.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>C. C. Phillins Home</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) <b>CLARA ANH ROBERTS</b>	a. (First)	b. (Middle)	c. (Last)	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>7/26/1953</b>
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<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>V</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>widowed</b>	<b>8. DATE OF BIRTH</b> <b>2/21/1882</b>	<b>9. AGE</b> (In years last birthday) <b>71</b>	<b>10. MONTHS</b>	<b>11. DAYS</b>	<b>12. HOURS</b>	<b>13. MIN.</b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>farming</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Carroll Co., Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>
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<b>13a. FATHER'S NAME</b> <b>W. J. Lewis</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Elizabeth Howell</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Robert P. Roberts</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Stanley Roberts, Braymor, Mo.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>8 hours</b>  <b>many years</b>  <b>many years</b>  <b>many years</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Thrombosis</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Coronary Arteriosclerosis</b> <b>DUE TO (c) Generalized Arteriosclerosis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>(1) Diabetes mellitus</b> <b>(2) Chronic Hypertrophic Arteritis</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4201</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from April, 1948, to July 26, 1953, that I last saw the deceased alive on July 26, 1953, and that death occurred at 12:30 P. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>E. E. Goldberg</i>	(Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>Braymor, Mo.</b>	<b>23c. DATE SIGNED</b> <b>7/28/53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>burial</b>	<b>24b. DATE</b> <b>7/29/1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Plymouth cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Carroll Co., Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>8-18-53</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Mrs. Nell B. Jones</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Geneb. Michael</i>	<b>ADDRESS</b> <b>Braymor, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0130

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

*Geneb. 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.