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

**THE DIVISION OF HEALTH OF MISSOURI**  
**STANDARD CERTIFICATE OF DEATH** 5783 State File No. 29342

FILED SEP 15 1953

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 4327 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Richwoods		c. CITY OR TOWN Iberia	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) Life		e. STREET ADDRESS (If rural, give location) R.R. # 2	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Iberia, Missouri		3. NAME OF DECEASED (Type or Print) a. (First) Cyrilda b. (Middle) Jane c. (Last) Roark	
4. DATE OF DEATH (Month) (Day) (Year) Aug. 26 1953		5. SEX F	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 11/28/1870		9. AGE (In years last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Rural Miller Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jessie Blankenship		13b. MOTHER'S MAIDEN NAME Sarah Lawson	
14. NAME OF HUSBAND OR WIFE Clint Roark		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Roscoe Roark	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. ADDRESS Iberia, Mo. R.R. 2	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Cardiac renal Vasculosis several yrs.	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c)	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) 442X	
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?			
22. I hereby certify that I attended the deceased from Dec 20, 1950, to 8-26-1953, that I last saw the deceased alive on 8-23-1953, and that death occurred at 4 p. m., from the causes and on the date stated above.			
23a. SIGNATURE M. E. Humphrey, D.O.		23b. ADDRESS Turcumbia Mo.	
23c. DATE SIGNED 8/27/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/28/53	
24c. NAME OF CEMETERY OR CREMATORY Iberia, Mo.		24d. LOCATION (City, town, or county) (State) Iberia Miller Co. Mo.	
DATE REC'D BY LOCAL REG. Sept-3-53		REGISTRAR'S SIGNATURE Jessai Perkins 195	
25. FUNERAL DIRECTOR'S SIGNATURE White & Stephens		ADDRESS Hedges Funeral Homes Inc Iberia, Mo.	

STATE OF MISSISSIPPI  
HEALTH DEPARTMENT

OCT 1 1965

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.....  
Signature of Student Embalmer

Signature of Licensed Embalmer.....

Licensed Embalmer No. 4265

P. O. Address Meridian, MS

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.