

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34965

State File No. _____

FILED NOV 3 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>15</u>	PRIMARY REG. DIST. NO. <u>3004</u>	Registrar's No. <u>78</u>
1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Lamar</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>		
c. LENGTH OF STAY (to this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>701 Poplar</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JO ANN</u>		b. (Middle) _____		c. (Last) <u>ROBERTS</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 25 1953</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 12 1931</u>	9. AGE (In years last birthday) <u>22</u>
			<u>1</u> MONTHS	<u>13</u> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garment Factory</u>	11. BIRTHPLACE (State or foreign country) <u>Lamar, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>George Berry</u>		13b. MOTHER'S MAIDEN NAME <u>Myrtle C. Cline</u>	14. NAME OF HUSBAND OR WIFE <u>Elwood Roberts</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-32-3788</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nadine Blanchard, Lamar, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ventricular Fibrillation</u>		DUE TO (b) <u>Uremia</u>		<u>Delivery</u>
*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 (c) <u>Severe post delivery Hemorrhage</u>		<u>Oct. 16, 1953</u>
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>+ 12 Transfusions Patient & family history of Hb. loss.</u>				
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) <u>Lamar, Missouri</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	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 <u>3/11/53</u> , 19 <u>53</u> , to <u>Oct. 29</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Oct. 29</u> , 19 <u>53</u> , and that death occurred at <u>5:45a</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>John T. Bickel, M.D.</u>		23b. ADDRESS <u>Lamar, Missouri</u>		23c. DATE SIGNED <u>10/27/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct 27 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>OCT 27 1953</u>	REGISTRAR'S SIGNATURE <u>Marie Konantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Konantz Funeral Home, Lamar, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 19 1954

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 _____

Licensed Embalmer No. _____ 2747

P. O. Address _____
Linn, 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.