

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38596**

FILED NOV 23 1953

BIRTH NO.		REG. DIST. NO. <b>77</b>		PRIMARY REG. DIST. NO. <b>3016</b>		Registrar's No. <b>317</b>	
1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>		c. LENGTH OF STAY (in this place) <b>45 yrs.</b>		c. CITY OR TOWN <b>Jefferson City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>611-E-Dunklin</b>				e. STREET ADDRESS (If rural, give location) <b>611-E-Dunklin 0269 10</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b>			b. (Middle) <b>Roundtree</b>			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 12-1953</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>Black</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>Jan. 27-1882</b>		9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>15</b>		IF UNDER 4 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Thomas Sexton</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Henderson</b>		14. NAME OF HUSBAND OR WIFE <b>James Roundtree</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sarah Reed U.S. Mo.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio-sclerosis</b> DUE TO (c) <b>hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>5 hr. 30.</b> <b>?</b> <b>!</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>11 Nov 1953</b> , to <b>12 Nov 1953</b> , that I last saw the deceased alive on <b>12 Nov 1953</b> , and that death occurred at <b>3:30 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>James G. Miller D.O.</b>				23b. ADDRESS <b>Jefferson City Mo</b>		23c. DATE SIGNED <b>16 Nov. 53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov 15 '53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Longview</b>		24d. LOCATION (City, town, or county) (State) <b>Cole County Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Nov. 20-1953</b>		REGISTRAR'S SIGNATURE <b>R.P. Harris</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Robertson Service J.C. Mo.</b>			

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

*Miller*

NOV 23

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

Signed.....  
*J. H. Miller*

Licensed Embalmer No. *364*

P. O. Address *Jmo*

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.