

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42160**

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1280

| | | | | |
|---|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township): <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Stanberry</u> | | |
| c. LENGTH OF STAY (in this place) <u>11 days</u> | | d. STREET ADDRESS (If rural, give location) _____ | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Inezz</u> b. (Middle) _____ c. (Last) <u>Roberts</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 6, 1953</u> | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>April 11, 1900</u> | |
| 9. AGE (In years last birthday) <u>53</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HR. Hours _____ Min. _____ | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | 11. BIRTHPLACE (State or foreign country) <u>Worth County, Missouri</u> | |
| 13a. FATHER'S NAME <u>Lewis Willard</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha Alice Roach</u> | | |
| 14. NAME OF HUSBAND OR WIFE <u>Clarence</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____ | | |
| 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Clarence Roberts, Stanberry, Mo.</u> | | |
| MEDICAL CERTIFICATION | | | | |
| 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. | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> | | | <u>11 days</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Septic Appendicitis</u> | | | | |
| DUE TO (c) _____ | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u> | | | | |
| 19a. DATE OF OPERATION <u>Nov. 25, 53</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Acute Appendicitis</u> | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | <u>5500</u> | | |
| 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) _____ | 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>Nov. 25, 1953</u>, to <u>Dec. 6, 1953</u>, that I last saw the deceased alive on <u>Dec. 6, 1953</u>, and that death occurred at <u>9:30p. m.</u>, from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. J. P. Lewis D.O.</u> | | 23b. ADDRESS <u>823 Faraon, St. Joseph, Mo.</u> | 23c. DATE SIGNED <u>12/7/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | 24b. DATE <u>12/7/1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Grant City, Missouri</u> | 24d. LOCATION (City, town, or county) (State) _____ | |
| DATE REC'D BY LOCAL REG. <u>Dec 15, 1953</u> | REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Newton Bowman, First Home St. Joseph, Mo.</u> | |

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

VS JAN 27 1980

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..... *Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address. *319 So 10th St, St Joseph*

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.