

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1775

State File No.

FILED FEB 4 1954

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4248 Registrar's No. 16

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Sarcoxie Mo</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Sarcoxie</u> | |
| c. LENGTH OF STAY (In this place) <u>7yr</u> | | d. STREET ADDRESS (If rural, give location) <u>MO</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u> | | | |

| | | | |
|--|-------------------------------|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah Francis</u> b. (Middle) <u>Roberson</u> c. (Last) <u>Roberson</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 24-54</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>12-9-67</u> |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | | 9b. KIND OF BUSINESS OR INDUSTRY <u></u> | 9. AGE (In years last birthday) <u>87</u> |
| | | 10. BIRTHPLACE (City and State or Foreign Country) <u>Nashville Tenn</u> | 11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

| | | | | | |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Thomas Roberson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ida Welch</u> | | 13c. NAME OF HUSBAND OR WIFE <u>Thomas Roberson</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>unk.</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u></u> ADDRESS <u></u> | |

| | | | | | |
|--|--|---|--|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma stomach</u> | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| | | DUE TO (b) _____ | | | |
| | | DUE TO (c) _____ | | | |

| | | | | | |
|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>151X</u> | | 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) m. | | 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 6-30 ¹⁰⁻⁵⁰ to 1-24, 1954, that I last saw the deceased alive on 1-23, 1954, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

| | | | | | |
|--|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>W. B. Jackson MD</u> | | 23b. ADDRESS <u>Sarcoxie Mo</u> | | 23c. DATE SIGNED <u>126-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan 26 54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sarcoxie Cem</u> | |
| | | 24d. LOCATION (City, town, or county) <u>Sarcoxie Mo</u> | | (State) | |

| | | | | | |
|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>Jan 26 54</u> | | REGISTRAR'S SIGNATURE <u>Lloyd B. Clifton</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson & Sarcoxie Mo</u> ADDRESS <u></u> | |
|---|--|---|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 3 1954

Jasper County Health Office

County File Number 54-2-91

Date Filed FEB 3 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Jacobs me

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.