

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14735

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6294		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Green Twp. 6294 3 weeks				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Darlington 0280			
d. FULL NAME OF HOSPITAL OR INSTITUTION Near Parnell, Mo.				d. STREET ADDRESS (If rural, give location) 7			
3. NAME OF DECEASED (Type or Print)		a. (First) Emma		b. (Middle) Louisa		c. (Last) Roberts	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 14, 1894	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Gentry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME James E. Gillespie		13b. MOTHER'S MAIDEN NAME Rebecca Ella Gillespie		14. NAME OF HUSBAND OR WIFE George Frederick Roberts			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. James Barnes Parnell, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 10, 1954, to April 12, 1954, that I last saw the deceased alive on April 12, 1954, and that death occurred at 3A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. A. Williamson MD		23b. ADDRESS Gentry Mo.		23c. DATE SIGNED 4-13-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/14/54		24c. NAME OF CEMETERY OR CREMATORY Rouse Cemetery		24d. LOCATION (City, town, or county) (State) Darlington, Mo.	
DATE REC'D BY LOCAL REG. 4-17-1954		REGISTRAR'S SIGNATURE Leta E. Dawson 345-0		25. FUNERAL DIRECTOR'S SIGNATURE Leta E. Dawson		ADDRESS Albany Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 23 1933

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

Leifur Brooks

Licensed Embalmer No. 3329

P. O. Address

Albany 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.