

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15616

State File No.

FILED JUN 10 1954

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mooreville</u> <u>MO 590</u>	
c. LENGTH OF STAY (In this place) <u>1 year</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Susans Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice Delilia</u> b. (Middle) <u>Roberts</u> c. (Last) <u>Roberts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 6 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb 1, 1869</u>		9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Leuel Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Summers</u>		14. NAME OF HUSBAND OR WIFE <u>Sterling P. Roberts</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Clayton Dawkins - 425 Montague MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Antero Sclerosis</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Antero Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</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.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pernicious Anemia</u>		1 yr	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2900</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 Jan 1, 1954, to May 6, 1954, that I last saw the deceased alive on May 4, 1954 and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. A. Duffey M.D.</u> (Degree or title)		23b. ADDRESS <u>Trenton MO</u>		23c. DATE SIGNED <u>May 9 54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 9 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grant</u>	
		24d. LOCATION (City, town, or county) (State) <u>Mooreville Missouri</u>			

DATE REC'D BY LOCAL REG. <u>5-9-54</u>		REGISTRAR'S SIGNATURE <u>June Fair</u> <u>115</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Norman Funeral Home, Chillicothe MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicethe; M

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.