

19455

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 28 1954

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (in this place) OR TOWN <u>9 Months</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mayview</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saling Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) <u>Ella</u>	a. (First)	b. (Middle)	c. (Last) <u>Roberts</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 11, 1954</u>
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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. 8, 1882</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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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>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John T. Siler</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jennings</u>	14. NAME OF HUSBAND OR WIFE <u>O. H. Roberts</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. R. T. Siler, Mayview, Missouri</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage, Recurrent</u>	DUE TO (b) <u>Cerebral Hemorrhage</u>		<u>8 Months</u>
ANTECEDENT CAUSES	DUE TO (c) <u>Hypertension</u>		<u>10 Years</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, asphyxia, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10-8, 1953, to 6-11, 1954, that I last saw the deceased alive on 6-11, 1954, and that death occurred at 2:30 P., from the causes and on the date stated above.

23a. SIGNATURE <u>David R. Holmes</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>122 E. Market St, Warrensburg</u>	23c. DATE SIGNED <u>6-11-54</u>
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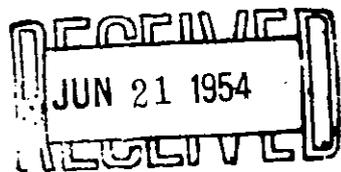
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 13, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mayview</u>	24d. LOCATION (City, town, or county) (State) <u>Mayview, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 14, 1954</u>	REGISTRAR'S SIGNATURE <u>Savannah Crestfield</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Husman-Sparks</u> ADDRESS <u>Odessa, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48



JOHNSON COUNTY HEALTH DEPT.

AUG 19 1955

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.....

working under my personal supervision.

Student Embalmer No.....

Signed R. W. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. 2920

P. O. Address Warrentburg, 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.