

26862

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

773-A

FILED AUG 23 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 5 days		e. STREET ADDRESS (If rural, give location) 2335 North Travis Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1913 North Douglas		0 3 96	
3. NAME OF DECEASED (Type or Print) a. (First) KATE	b. (Middle) A.	c. (Last) ROBERTS	4. DATE OF DEATH (Month) (Day) (Year) Aug. 11, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 23, 1873
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR: Months _____	IF UNDER 24 HRS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Morrisville, Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph Burgess		13b. MOTHER'S MAIDEN NAME Agnes Burgess	14. NAME OF HUSBAND OR WIFE Will Roberts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Harley Roberts ADDRESS Springfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1954	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the liver		DUE TO (b) Possibly cancer of the brain	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)	193X
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 12-11-51 , 19____, to 8-11 , 1954, that I last saw the deceased alive on 8-10-54 , 19____, and that death occurred at 5:30am. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. E. Zeller M. D.		23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 8/13/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/13/1954	24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
DATE REC'D BY LOCAL REG. 8-16-54	REGISTRAR'S SIGNATURE Edna Williamson	25. FEDERAL DIRECTOR'S SIGNATURE Harley Roberts	ADDRESS Springfield, Mo

(Licensed Embalmer's Statement on Reverse Side)

623 West Walnut
 SPRINGFIELD, MISSOURI
 MAKE A PERMANENT RECORD
 WRITE PLAINLY - USING UNFADING BLACK INK

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.....
Signature of Student Embalmer

Signed..... 

Licensed Embalmer No.....4..5.

P. O. Address..Springfield

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting,
If this body is not embalmed, fact should be so stated above.