

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36461

State File No. ....

No. 300  
10-48

FILED DEC 14 1954

BIRTH NO. 76048-54 REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>610 W-10th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-1-54</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carolyn</u> b. (Middle) <u>Rae</u> c. (Last) <u>Roberts</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	
8. DATE OF BIRTH <u>11-29-54</u>		9. AGE (In years last birthday) <u>2</u> <input type="checkbox"/> UNDER 1 YEAR: Months <u>2</u> <input type="checkbox"/> UNDER 2 HRS. Hours <u>   </u> Min. <u>   </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>   </u>	
11. BIRTHPLACE (State or foreign country) <u>Lamar, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Marion Siebert</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. James Roberts</u> ADDRESS <u>Lamar, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lung hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Erythremia</u> DUE TO (c) <u>   </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>premature (wt 5#)</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>7705</u>	
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) (Min.)	
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 <u>11/29, 1954</u> , to <u>12/1/54</u> , that I last saw the deceased alive on <u>12/1/54</u> , and that death occurred at <u>9:15 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. R. Cain M.D.</u>		23b. ADDRESS <u>Lamar</u>	
23c. DATE SIGNED <u>12/3/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Dec. 3, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lamar Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lamar, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence White</u> ADDRESS <u>Lamar, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 8 1954</u>		REGISTRAR'S SIGNATURE <u>Marie Konorski</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*Clarence E. Chel*

Licensed Embalmer No. \_\_\_\_\_

*3473*

P. O. Address \_\_\_\_\_

*Lamat 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.