

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4156**

FILED FEB 21 1955

BIRTH NO. _____		REG. DIST. NO. <u>52</u>		PRIMARY REG. DIST. NO. <u>5181</u>		Registrar's No. <u>101</u>		
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>				
b. CITY OR TOWN <u>Rural Apple Creek</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Apple Creek</u>		0160		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles west Oak Ridge</u>				d. STREET ADDRESS (If rural, give location) <u>2 miles West Oak Ridge</u>				
3. NAME OF DECEASED (Type or Print) <u>EMMA — ROBERTS</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Feb. 8, 1955</u>		(Month)		(Day)		(Year)		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Nov. 12, 1870</u>		
9. AGE (In years last birthday) <u>84</u>		# UNDER 1 YEAR		# UNDER 1 MONTH		# UNDER 1 HOUR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>near Oak Ridge Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Thomas Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Melissa Crites</u>		14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lynn Roberts</u> ADDRESS <u>Oak Ridge 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myo. Cardialis</u>		INTERVAL BETWEEN ONSET AND DEATH						
ANTECEDENT CAUSES		DUE TO (b) _____						
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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Jan 16</u> , 19 <u>55</u> , to <u>Feb 8</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb 4</u> , 19 <u>55</u> , and that death occurred at <u>5:00 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Edw. Crites M.D.</u> (Degree or title)				23b. ADDRESS <u>Seasideville Mo.</u>		23c. DATE SIGNED <u>2/14/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 10, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Salem</u>		24d. LOCATION (City, town, or county) (State) <u>Darry Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2/18/55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> M.D. <u>43</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Lockrow Mo.</u>				

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

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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.....
Student Embalmer

Signed *Lynne Steele*

Licensed Embalmer No. *2476*

P. O. Address *Jackson 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.