

FILED JUN 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19142

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>247</u>			
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER					
b. CITY (If outside corporate limits, write RURAL and give town) JOPLIN		c. LENGTH OF STAY (In this place) 2 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		d. STREET ADDRESS (If rural, give location) 2305 WEST 13TH ST.			
d. FULL NAME OF HOSPITAL OR INSTITUTION JOPLIN GENERAL HOSPITAL				d. STREET ADDRESS (If rural, give location) 2305 WEST 13TH ST.					
3. NAME OF DECEASED (Type or Print) a. (First) BERTIE		b. (Middle) ANN		c. (Last) ROBERTS		4. DATE OF DEATH (Month) (Day) (Year) JUNE 16, 1955			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, ^W WIDOWED, ^D DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN. 19, 1878		9. AGE (In years last birthday) 77	10. IF UNDER 1 YEAR Months _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER	10b. KIND OF BUSINESS OR INDUSTRY Y. M. C. A.		11. BIRTHPLACE (State or foreign country) WEST PLAINS, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME DRURY ROGERS			13b. MOTHER'S MAIDEN NAME KATHERINE KNUTTLE		14. NAME OF HUSBAND OR WIFE HOSEA ROBERTS, DEC'D '32				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. LEO M. NIGH, 2305 W. 13TH ST.					
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) acute respiratory failure				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, 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) secondary anemia				Jan. 1955	
				DUE TO (c) metastatic carcinoma				Jan. 1955	
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 _____				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) (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>Jan. 9, 1955</u> , to <u>June 16, 1955</u> , that I last saw the deceased alive on <u>Jun 16, 1955</u> , and that death occurred at <u>1:42P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <i>[Signature]</i> (Degree or title) _____				23b. ADDRESS 521 W. 4th Joplin, Mo.		23c. DATE SIGNED 6-17-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-18-55		24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI			
DATE REC'D BY LOCAL REG. 6-20-55		REGISTRAR'S SIGNATURE <i>[Signature]</i> 474		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.					

(Licensed Embalmer's Statement on Reverse Side)

AUG 25 1955

Date Filed JUN 27 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 *F. M. Jones*

Signed.....
Student Embalmer

Licensed Embalmer No. *2319*

P. O. Address *Joplin, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.