

FILED APR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13952**

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3940** Registrar's No. **105**

1. PLACE OF DEATH a. COUNTY Lewington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MO b. COUNTY Lewington	
b. CITY (If outside corporate limits, write RURAL and give town) Chillicothe c. LENGTH OF STAY (in this place) 25 yr		c. CITY OR TOWN Chillicothe d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 144 Merrifield St		e. STREET ADDRESS (If rural, give location) 144 Merrifield St	

3. NAME OF DECEASED a. (First) Lora b. (Middle) Frances c. (Last) Roberson			4. DATE OF DEATH (Month) (Day) (Year) 4-7-56
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5. SEX F	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April-30-1882	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 6 HRS. Hours _____ Min. _____
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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) Meadville MO	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Joseph Stephens	13b. MOTHER'S MAIDEN NAME Martha Jackson	14. NAME OF HUSBAND OR WIFE Floyd Roberson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Floyd R Roberson	ADDRESS Chillicothe MO
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Congestive Heart Failure		
	DUE TO (c) Failure - 30		
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"/>
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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) (Min.)	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 **1948**, to **4-7**, 19**56** that I last saw the deceased alive on **4-7**, 19**56**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE V D Cardina (Degree or title) M.D.	23b. ADDRESS Chillicothe MO	23c. DATE SIGNED 4-13-56
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24a. BURIAL OR REMOVAL (Specify) Burial	24b. DATE 4-12-56	24c. NAME OF CEMETERY OR CREMATORY Meadville MO	24d. LOCATION (City, town, or county) (State) Meadville MO
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DATE REC'D BY LOCAL REG. 4-13-56	REGISTRAR'S SIGNATURE Frances B Neil	25. FUNERAL DIRECTOR'S SIGNATURE Chubbett	ADDRESS Chillicothe MO
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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.....
Signature of Student Embalmer

Signed *Chicketh*.....

Licensed Embalmer No. *32*

P. O. Address *Chicketh*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.