

FILED JUN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15784

State File No.

BIRTH NO.		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>51</u>			
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton,</u>		c. LENGTH OF STAY (in this place) <u>1 hour</u>		c. CITY OR TOWN <u>Carrollton,</u>		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 <u>Atwood Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>513 West Benton St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Isom</u> b. (Middle) <u>Ora</u> c. (Last) <u>Roberts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 30, 1956</u>						
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 16, 1876</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Mail</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Saline County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Isom Roberts</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Clements</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Roberts</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sue Ellen Wise Carrollton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 days - 6 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</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>May 23</u> , 19 <u>56</u> , to <u>May 30</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>May 30</u> , 19 <u>56</u> , and that death occurred at <u>10:30 m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John H. Platz</u>				23b. ADDRESS <u>MS Carrollton, Mo.</u>		23c. DATE SIGNED <u>6/1/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>6-2-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>				
DATE REC'D BY LOCAL REG. <u>6-2-56</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marshall Funeral Home Carrollton</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

9561 9 7097

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.....
R. M. Mankie

Licensed Embalmer No.....
P. O. Address.....
Carroll

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.