Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 2 1956

29760
STATE FILE NUMBER

Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vandalia — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 409 West Woodlawn — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Vandalia 20410 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 409 West Woodlawn — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Loretta Middle Mae Last Roberts
4. DATE OF DEATH Month Sep Day 27, Year 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug 8, 1916
9. AGE (In years last birthday) 40 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Pike County, Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Charles Moore
14. MOTHER'S MAIDEN NAME Carrie Chandler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 493-03-8742
17. INFORMANT Address Raymond Roberts, Vandalia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) adenocarcinoma ovary — INTERVAL BETWEEN ONSET AND DEATH 5 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 175X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 1952, to September 27, 1956 and last saw her alive on 9/27/56
Death occurred at 11:00 A M m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Evan L Levine MD
22b. ADDRESS Vandalia, Mo
22c. DATE SIGNED 9/27/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sep 29, 1956
23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery
23d. LOCATION (City, town, or county) (State) Vandalia, Missouri

24. FUNERAL DIRECTOR William B Waters — ADDRESS Vandalia, Mo.
25. DATE RECD. BY LOCAL REG. Sept 29 1956
26. REGISTRAR'S SIGNATURE Nellie Fuqua

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..William P. Mat

Licensed Embalmer No. 41

P. O. Address Vandalia

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