

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8250

STATE FILE NUMBER

FILED APR 8 - 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 299-A

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. CITY OR TOWN <u>Christian</u>                       |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | c. CITY OR TOWN <u>Sparta</u> 0228 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Spr. Baptist Hos.</u> Length of stay in lb <u>3 Das.</u>  |  | d. STREET ADDRESS <u>Sparta Twp.</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                 |   |
| 3. NAME OF DECEASED (Type or print) First <u>Laura</u> Middle <u>Ann</u> Last <u>Cook</u>  |  |   | 4. DATE OF DEATH Month <u>Mar</u> Day <u>28</u> Year <u>1957</u>  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Mar. 3, 1875</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
| 11. BIRTHPLACE (City and state or country) <u>Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |   |
| 13. FATHER'S NAME <u>William Roberts Jr.</u>   |  | 14. MOTHER'S MAIDEN NAME <u>Adeline Mitchel</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>—</u>  |   |
| 17. INFORMANT <u>Mrs. Hazel Cook, Sparta Rt., Mo.</u>  |  | Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebrovascular accident, thrombosis &amp; hemiplegia of left side</u><br>DUE TO (b) <u>Atherosclerosis</u><br>DUE TO (c) <u>332X</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Arteriosclerotic heart disease, compensated</u> |  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.) |   |   |
| 20c. TIME OF INJURY Hour <u>—</u> Minute <u>—</u> p. m. <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u>   | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    |   |   |
| 20e. CITY, TOWN, OR LOCATION   | COUNTY   | STATE   |   |
| 21. I attended the deceased from <u>24 Mar 1957</u> to <u>28 Mar 1957</u> and last saw her <u>alive</u> on <u>28 Mar 1957</u> . Death occurred at <u>28 Mar 1957/10:45</u> on the date stated above; and to the best of my knowledge, from the causes stated.  |  |   |   |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>   |  | 22b. ADDRESS <u>[Signature]</u>   |   |
| 22c. DATE SIGNED <u>29 Mar 1957</u>  |  |   |   |
| 23a. BURIAL, CREMATION, REBURY (Specify)   | 23b. DATE <u>Mar. 29, 57</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Sparta Cemetery</u>   | 23d. LOCATION (City, town, or county) (State) <u>Christian Co. Mo.</u>  |
| 24. FUNERAL DIRECTOR <u>P. B. Chaffin</u> ADDRESS <u>Ozark</u>   |  | 25. DATE RECD. BY LOCAL REG. <u>4-1-57</u>  | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u>  |

Doctor, coroner, etc. must use only standard nomenclature in item 18. The symptoms written are listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**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 *T. B. Chaffin* .....

Licensed Embalmer No. *21*

P. O. Address *Ozark*

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.