.S. No. 300
EV. 10.48

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

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14034

BIRTH NO. _____ REG. DIST. NO. 228 231 PRIMARY REG. DIST. NO. 5808 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): High Hill
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Bellflower
d. STREET ADDRESS (If rural, give location): 8 100

3. NAME OF DECEASED (Type or Print)
a. (First): Lillie
b. (Middle): Angeline
c. (Last): Roberts

4. DATE OF DEATH (Month) (Day) (Year): May 5 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: June 5 1865
9. AGE (In years last birthday): 91 — 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): Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY: General Duties
11. BIRTHPLACE (State or foreign country): Howell Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: St unknown Bidleman
13b. MOTHER'S MAIDEN NAME: Elvira Johnson
14. NAME OF HUSBAND OR WIFE: W.J.Roberts (Deceased)

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.
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs Sadie Musterman High Hill Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary arteriosclerosis — Sev. Mon.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Generalized arteriosclerosis and senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒ 2

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 1, 1955, *to* May 6, 1957, *that I last saw the deceased alive on* April 30, 1957, *and that death occurred at* 2:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. H. Thompson DO
23b. ADDRESS: New Florence Mo
23c. DATE SIGNED: 5-6-1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 8 1957
24c. NAME OF CEMETERY OR CREMATORY: Laurel Hill
24d. LOCATION (City, town, or county) (State): St Louis Mo.

DATE REC'D BY LOCAL REG.: May 6. 57
REGISTRAR'S SIGNATURE: Laura B. Calloway
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Ward A Jones Bellflower Mo
(Licensed Embalmer) Statement on Reverse Side)

500 6

MAY 23 1957

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 ..... Me ..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Oland A. Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower Mo

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

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