FILED AUG 20 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28591
STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holden, Mo. Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smead Health Center Length of stay in 1b 31 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Holden, Mo. 05 Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) South Pine Street Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Lottie Middle Roberts Last Simmerman
4. DATE OF DEATH Month August Day 12 Year 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH August 16, 1880
9. AGE (In years last birthday) 76 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) Cass County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME David F. Taylor
14. MOTHER'S MAIDEN NAME Mary Jane Roberts
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. none
17. INFORMANT Address Glen Simmerman, Holden, 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) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH 2 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) general debility
DUE TO (c) intestinal malignancy
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 153X
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 July 1, 1957, to Ag. 12, 57 and last saw her alive on Ag. 12, 57
Death occurred at 3:10 p. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Glenn Smead (Degree or title) DC
22b. ADDRESS 411 Main, Holden, Mo.
22c. DATE SIGNED Ag. 13, 57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Aug. 15, 1957
23c. NAME OF CEMETERY OR CREMATORY Holden Cemetery
23d. LOCATION (City, town, or county) Holden, Mo. (State)
24. FUNERAL DIRECTOR E B CAST ADDRESS HOLDEN MO E B Cast
25. DATE RECD. BY LOCAL REG. Aug 16, 1957
26. REGISTRAR'S SIGNATURE Mrs. G. T. Redford

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 19 1958

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.....

Licensed Embalmer No. 40

P. O. Address Holden

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.