Health, Welfare Public Service

300 -57

FILED FEB 10 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4186

Registration District No. 352 Primary Registration District No. 6186 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Taney
b. CITY OR TOWN Bradleyville — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Residence — Length of stay in 1b: 66 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Taney
c. CITY OR TOWN Bradleyville — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) No Street Address — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First NANCY Middle BELLE Last ROBERTS

4. DATE OF DEATH Month Jan. Day 31 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Feb. 6, 1883
9. AGE (In years last birthday) 74 — 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 - - - -
11. BIRTHPLACE (City and state or country) Harlan Co., Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Francis Clark
13b. MOTHER'S MAIDEN NAME Nancy Clem
14. NAME OF HUSBAND OR WIFE Robert W. 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 Robert W. Roberts, Address Bradleyville, 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) Acute Gastric Hemorrhage — Interval unk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Metastatic Ca of Bowel — 2-6 mo
DUE TO (c) Carcinoma of Colon — 6 yrs +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 174X
INTERVAL BETWEEN ONSET AND DEATH
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 3:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. C. Gentry (Degree or title) M.D.
22b. ADDRESS Ava Mo
22c. DATE SIGNED 2-5-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/3/1958
23c. NAME OF CEMETERY OR CREMATORY Patterson Cemetery
23d. LOCATION (City, town, or county) Taney Co., (State) Missouri

24. FUNERAL DIRECTOR Dean Harris, ADDRESS Clever, Mo.
25. DATE RECD. BY LOCAL REG. 2-8-58
26. REGISTRAR'S SIGNATURE Helen Campbell

(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 causally related.

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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed J. Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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