

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020597
STATE FILE NUMBER

FILED MAY 20 1958

Registration District No. 3251 Primary Registration District No. 4479 Registrar's No. 58

5. 300
1-57

0989

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.

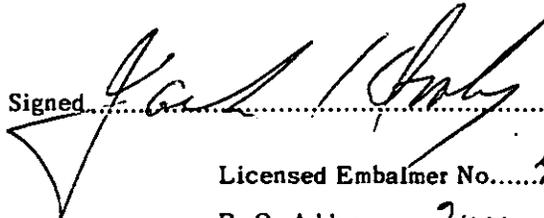
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Schuyler</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Schuyler</i>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Queen City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Queen City</i> <i>0989</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) <i>Frances Elizabeth Roberts</i>				First Middle Last		4. DATE OF DEATH Month Day Year <i>April 30 1958</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>June 20 1875</i>		9. AGE (In years last birthday) <i>82</i>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Queen City Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>				
13a. FATHER'S NAME <i>John B. Sloop</i>			13b. MOTHER'S MAIDEN NAME <i>Mary Miller</i>			14. NAME OF HUSBAND OR WIFE <i>Everett Franklin Roberts</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>JACK DOOLEY - Queen City Mo.</i>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypostatic Pneumonia</i>							INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>				
Conditions, if any, which gave rise to above cause (a), storing the underlying cause last. DUE TO (b) <i>Cardiac decompensation</i>							<i>2 years</i>				
DUE TO (c) <i>Mitral Stenosis</i>							<i>410X 15 years</i>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Secondary Anemia</i>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
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 or PART II of item 18.) <i>-</i>								
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>-</i>								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Death occurred at <i>8/23/50</i> to <i>4/30/58</i> and last saw her alive on <i>4/29/58</i> <i>5:00p</i> m on the date stated above; and to the best of my knowledge, from the causes stated.											
22. SIGNATURE (In blue or black ink) <i>Edward M. Roberts, M.D.</i>				22b. ADDRESS <i>Queen City, Mo.</i>				22c. DATE SIGNED <i>5/5/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)			
<i>Burial</i>		<i>May 2 '58</i>		<i>Queen City Cemetery</i>		<i>Queen City Mo.</i>					
24. FUNERAL DIRECTOR ADDRESS <i>Dooley Funeral Home Queen City</i>				25. DATE RECD. BY LOCAL REG. <i>May 2nd '58</i>		26. REGISTRAR'S SIGNATURE <i>Wesley Drake</i>					

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 

Licensed Embalmer No. 4619

P. O. Address Queen City, 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.