

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022533

STATE FILE NUMBER

FILLED JUL 15 1959

Registration District No. 301

Primary Registration District No.

Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>VARNER Twp.</u>		c. CITY OR TOWN <u>VARNER Twp.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 mi. SW. Oxy</u>		d. STREET ADDRESS (If outside, give location) <u>3 mi. SW Oxy</u>	
3. NAME OF DECEASED (Type or print) First <u>LAURA</u> Middle <u>ELLEN</u> Last <u>ROUNDTREE</u>		4. DATE OF DEATH <u>JUNE 19-1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 25-1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and state or country) <u>INDIANA</u>
13a. FATHER'S NAME <u>JOHN COX</u>		13b. MOTHER'S MAIDEN NAME <u>SARA E. JEWELL</u>	14. NAME OF HUSBAND OR WIFE <u>Robert Roundtree</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name of unit known) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT (Address) <u>Robert Roundtree - Oxy-Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) _____			
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>Feb. 3, 1959</u> to <u>June 19, 1959</u> and last saw her ^{her} alive on <u>MARCH 4, 1959</u> Death occurred at <u>7:05 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. L. Smith</u> (Degree or title) <u>DO.</u>		22b. ADDRESS <u>Naylor - Missouri</u>	22c. DATE SIGNED <u>6-21-59</u>
23a. BURIAL, CREMATION, OR DISPOSAL (Specify) <u>Burial</u>	23b. DATE <u>6/23/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ANTIOCH CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>Ripley County - Mo.</u>
24. FUNERAL DIRECTOR <u>Edwards - Parrott - Naylor, Mo.</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>7-10-59</u>	26. REGISTRAR'S SIGNATURE <u>Flora Broz</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Gene Harcourt*

Licensed Embalmer No. *4809*
P. O. Address *Naylor, M*

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..