

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13862

State File No.

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4335 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY OR TOWN Tipton		c. CITY OR TOWN Tipton	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) No street numbers	
d. FULL NAME OF HOSPITAL OR INSTITUTION No street Numbers			

3. NAME OF DECEASED (Type or Print) a. (First) Marce	b. (Middle) --	c. (Last) Roberts	4. DATE OF DEATH (Month) (Day) (Year) 4/14/1950
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January, 23, 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Laborer R.R. M.O.P. Rail Road	10b. KIND OF BUSINESS OR INDUSTRY Cooper Co, MO	11. BIRTHPLACE (State or foreign country) MO	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Joseph Roberts	13b. MOTHER'S MAIDEN NAME Kitty Wea	14. NAME OF HUSBAND OR WIFE Georgia Roberts
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Georgia Roberts (Wife)	ADDRESS Tipton, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial insufficiency		2 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral infarct DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1 1/2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11/19, 1948, to 4/14, 1950; that I last saw the deceased alive on Apr 14, 1950, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE G. F. Potts M.D.	(Degree or title)	23b. ADDRESS Tipton Mo.	23c. DATE SIGNED 4/15/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/16/50	24c. NAME OF CEMETERY OR CREMATORY Tipton Colored	24d. LOCATION (City, town, or county) (State) Tipton, Mo.
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DATE REC'D BY LOCAL REG. Apr. 18-1950	REGISTRAR'S SIGNATURE Mrs. Maude Hudson	2032 FUNERAL DIRECTOR'S SIGNATURE James E. Richard	ADDRESS Tipton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 25 1950
District Health Officer No. 9
District File Number

APR 25 1950

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.

Signed _____
Student Embalmer

Signed

Jessie E. Richards
Licensed Embalmer No. *2466*
P. O. Address *Lipton, 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.