

FILED FEB 9 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3520

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6125 Registrar's No. 350

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Shannon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Coats</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Coats 1010</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi S.E. of Hatcher Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30 1956</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>ROBERTS</u>	4. DATE OF DEATH	5. SEX <u>Fe</u>	6. COLOR OR RACE <u>w</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug. 3, 1879</u>	9. AGE (in years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Evansville, Ind.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13a. FATHER'S NAME <u>Willis Baugh</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Ellen Russell</u>
14. NAME OF HUSBAND OR WIFE <u>George Roberts</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jim Roberts</u>	ADDRESS <u>Houston, Mo.</u>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.
18. CAUSE OF DEATH	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>	ANTECEDENT CAUSES			5 yr.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Coronary arteriosclerosis</u>			12 yr.	
DUE TO (c) <u>Generalized arteriosclerosis</u>	11. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing death.	19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	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?
22. I hereby certify that I attended the deceased from <u>Oct</u> , 19 <u>55</u> , to <u>Jan 30</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 28</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.					23a. SIGNATURE (Degree or title) <u>Hiram B. Kelly M.D.</u>
23b. ADDRESS <u>Houston Mo.</u>	23c. DATE SIGNED <u>2-1-56</u>	24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2-3-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Avery</u>	24d. LOCATION (City, town, or county) (State) <u>Avery Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-6-56</u>	REGISTRAR'S SIGNATURE <u>Mabel Dallen</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>447-9 Elliott Funeral Home</u>	ADDRESS <u>Houston</u>	26. (Licensed Embalmer's Statement on Reverse Side)	270

**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 .....  
Student Embalmer

Signed Frank E. Hord

Licensed Embalmer No. 4026

P. O. Address Houston, Tex.

**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.