

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22468

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 6336 PRIMARY REG. DIST. NO. 6137 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <b>Shannon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shannon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Winona, Mo</b>		c. LENGTH OF STAY (in this place) CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Winona, Mo 10/8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NO</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>NOBA</b> b. (Middle) <b>Alice</b> c. (Last) <b>ROBERTS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 2nd 1950</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Nov. 1st</b>
9. AGE (In years last birthday) <b>74</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Howell Co Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZENSHIP OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Hallet</b>		13b. MOTHER'S MAIDEN NAME <b>Not Known</b>	14. NAME OF HUSBAND OR WIFE <b>J.R. Roberts</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J.A. Woodworth Winona, MO</b>
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, asthma, 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) <b>Pulmonary Edema</b>			<b>1 1/2 mos</b>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac Decompensation</b>			
DUE TO (c) <b>Rheumatic Fever</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4/13</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>Winona Buckeye twisp Shannon MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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>May 25</u> , 19 <u>50</u> , to <u>June 2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 25</u> , 19 <u>50</u> , and that death occurred at <u>9:54</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>C.E. Sharp 2 D.O.</b>		23b. ADDRESS <b>Winona MO</b>	23c. DATE SIGNED <b>6-5-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 6-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>reed Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Winona, Mo</b>
DATE REC'D BY LOCAL REG. <b>6/10/50</b>	REGISTRAR'S SIGNATURE <b>H. H. Aarim 306</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Duncan Funeral home Mtn Viea, Mo</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT OF REVOCATION OF LICENSE  
STATEMENT OF REVOCATION OF LICENSE

RECEIVED 6-15-50

District Health Officer No. 5,

District File Number 6-50360

Date Filed 6-19-50

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

working under my personal supervision.

Student Embalmer No.

Signed

*Joe R. Linnear*  
Licensed Embalmer No. 4325  
P. O. Address *Northview*

Student Embalmer

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.