No. 300
10.48

FILED JAN 13 1949

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

186

State File No.

BIRTH NO. REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 4048 Registrar's No. 3

**1. PLACE OF DEATH**
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rocheport
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rocheport
d. STREET ADDRESS (If rural, give location): Mo

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Henry c. (Last) Roberts

4. DATE OF DEATH (Month) (Day) (Year): Jan 4th 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb 28 1870
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Boone Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John C Roberts
13b. MOTHER'S MAIDEN NAME: Sarah Baines
14. NAME OF ~~HUSBAND OR~~ WIFE: Edna Jane Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: Mrs Wilbur Wright ADDRESS: Rocheport, Mo

**MEDICAL CERTIFICATION**

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertrophy Dilation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death:* Arteriosclerosis

19a. DATE OF OPERATION: X
19b. MAJOR FINDINGS OF OPERATION: X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 22, 1948, *to* Jan 3, 1949, *that I last saw the deceased alive on* 1-3, 1949, *and that death occurred at* 3:00 Am *from the causes and on the date stated above.*

23a. SIGNATURE: F H Williamson (Degree or title) MD
23b. ADDRESS: 22 N-E St Columbia
23c. DATE SIGNED: 1-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 6, 1949
24c. NAME OF CEMETERY OR CREMATORY: Rocheport Cem
24d. LOCATION (City, town, or county) (State): Rocheport Mo

DATE REC'D BY LOCAL REG.: Jan 5 1949
REGISTRAR'S SIGNATURE: Mrs R E Palmer
25. FUNERAL DIRECTOR'S SIGNATURE: R Overall ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 10 1949

## 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 Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.