

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5229**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **63**

484

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
c. LENGTH OF STAY (In this place) 20 Days		d. STREET ADDRESS (If rural, give location) 501 East Aberdeen	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium			

3. NAME OF DECEASED (Type or Print) Ernest	a. (First)	b. (Middle)	c. (Last) Roberson	4. DATE OF DEATH Feb. 22, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 3, 1884	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 10 Days 18	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (State or foreign country) Benton, Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Demetrius Roberson	13b. MOTHER'S MAIDEN NAME Dora Webb	14. NAME OF HUSBAND OR WIFE Anna (Phillips) Roberson
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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. 356-10-6568	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna Roberson, Indep., 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 wks yes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis with myocardial infarction	DUE TO (b) Coronary sclerosis	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4/201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 **Nov**, 19**46**, to **2/22**, 19**49**, that I last saw the deceased alive on **2/22**, 19**49**, and that death occurred at **8:12P** m., from the causes and on the date stated above.

23a. SIGNATURE Vance E. Lusk, M.D. (I Agree or title) M.D.	23b. ADDRESS Independence, Mo	23c. DATE SIGNED 2/24/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/24/49	24c. NAME OF CEMETERY OR CREMATORY Mound Grove	24d. LOCATION (City, town, or county) (State) Jackson County, Missouri
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DATE REC'D BY LOCAL REG. Feb-23-1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland R. Speaks, Independence, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 8 1954

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address Independence, Missouri

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.