

FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16814

State File No.

No. 300
10.48

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

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>274</u> | | PRIMARY REG. DIST. NO. <u>3052</u> | | Registrar's No. <u>1825</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institutional: residence before admission) | | | |
| a. COUNTY <u>Pettis</u> | | b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Pettis</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> | | c. LENGTH OF STAY (In this place) <u>50 Years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> | | d. STREET ADDRESS (If rural, give location) <u>410 Wilkerson</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Memorial Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>410 Wilkerson</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>THOMAS</u> | | b. (Middle) <u>HENRY</u> | | c. (Last) <u>ROBERTS</u> | |
| 4. DATE OF DEATH | | (Month) <u>6</u> | | (Day) <u>2</u> | | (Year) <u>1949</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Sept. 25, 1858</u> | |
| 9. AGE (In years last birthday) <u>90</u> | | IF UNDER 1 YEAR Months | | IF UNDER 24 HRS. Days | | IF UNDER 48 HRS. Hours | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>General Store</u> | | 11. BIRTHPLACE (State or foreign country) <u>Longwood, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>James Roberts</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary F. Raines</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edith May Roberts</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>J. H. Roberts</u> ADDRESS <u>1604 S. Moniteau, Sedalia</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Carcinoma of the Stomach.</u> | | | | <u>?</u> | |
| | | ANTECEDENT CAUSES <u>Senility and Chronic Myocarditis.</u> | | | | <u>2 years.</u> | |
| | | DUE TO (b) <u>None other. Please see other side.</u> | | | | | |
| | | DUE TO (c) <u>None other. Please see other side.</u> | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS <u>None other. Please see other side.</u> | | | | | |
| 19a. DATE OF OPERATION <u>None.</u> | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u> | | 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) <u>None.</u> | | 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>10 days this last time</u> , 19 <u>49</u> , to <u>June 2nd, 1949</u> , that I last saw the deceased alive on <u>June 2nd, 1949</u> , and that death occurred at <u>3:10 p.m.</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Sedalia, Missouri.</u> | | 23c. DATE SIGNED <u>6-3-49.</u> | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>6-4-1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Longwood Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Longwood Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>6-4-1949</u> | | REGISTRAR'S SIGNATURE <u>Betty Yeager</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Keckart</u> ADDRESS <u>Sedalia, Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

1949

When first seen this patient was vomiting blood. He had a large mass in the region of stomach that was hard and was very irregular. My opinion is that it was a Carcinoma of the Stomach. This opinion could not be proved because his condition never warranted the proper examinations.

J. W. B. Dasher M.D.
6.3.49

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed *6-8-49*

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 S. Coffman Jr*
Licensed Embalmer No. *4559*
P. O. Address *Sedalia, 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.