

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15511

BIRTH NO. 87232-48 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Saline</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. LENGTH OF STAY (in this place) <u>3 hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Marshall Township</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Fitzgibbon Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>7 miles west of Marshall</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roger</u> b. (Middle) <u>Dale</u> c. (Last) <u>Roberts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 26, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept. 20, 1949</u>	9. AGE (In years last birthday) <u>6</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Cecil Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Anna Friebe</u>		14. NAME OF HUSBAND OR WIFE	
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>William Cecil Roberts</u> ADDRESS <u>Marshall, Mo. Rt. 3</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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>490X</u>		
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)	
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?	
22. I hereby certify that I attended the deceased from <u>3-1</u> , 19 <u>50</u> , to <u>3-26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-26</u> , 19 <u>50</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>James A. Reid M.D.</u> (Degree or title)			23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>3-27-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 28, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lost Corner Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cooper County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Mar 27 1950</u>		REGISTRAR'S SIGNATURE <u>Sidney J Gray</u> 385		25. FUNERAL DIRECTOR'S SIGNATURE <u>Campbell & Lewis - Marshall Mo</u> ADDRESS	

(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED APR 3

District Health Officer No. 8,

District No. _____

Date Recd. 4-20-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James H Lewis Jr.*

Licensed Embalmer No. *4709*

P. O. Address *Marshall, M*

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.