

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20968

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <i>Mississippi</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Miss.</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>East Prairie</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>East Prairie 0671</i>	
c. LENGTH OF STAY (in this place) <i>40 yrs.</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) *HARRY* b. (Middle) *S.* c. (Last) *ROBERTS* 4. DATE OF DEATH (Month) (Day) (Year) *April 13, 1950*5. SEX *Male* 6. COLOR OR RACE *White* 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *Married* 8. DATE OF BIRTH *Aug. 18, 1884* 9. AGE (In years last birthday) (Month) (Day) (Year) *65 9 25*10a. USUAL OCCUPATION (Give kind of work, during most of working life, even if retired) *Merchant* 10b. KIND OF BUSINESS OR INDUSTRY *Retired* 11. BIRTHPLACE (State or foreign country) *Bentonville, Ark.* 12. CITIZEN OF WHAT COUNTRY? *U.S.A.*13a. FATHER'S NAME *Joseph W. Roberts* 13b. MOTHER'S MAIDEN NAME *Rebecca Jane Selvey* 14. NAME OF HUSBAND OR WIFE *Annie M. Roberts*15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) *unk.* 16. SOCIAL SECURITY NO. *-* 17. INFORMANT'S SIGNATURE OR NAME ADDRESS *Annie M. Roberts - East Prairie, Mo.*

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i>		<i>few hrs.</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arterio-sclerosis 1 yr</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>4201</i>	

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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) \_\_\_\_\_ 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 *April 10, 1950*, to *April 13, 1950*, that I last saw the deceased alive on *April 10, 1950*, and that death occurred at *3:15 A. M.*, from the causes and on the date stated above.23a. SIGNATURE (Degree or title) *A. P. Martindale* 23b. ADDRESS *East Prairie, Mo.* 23c. DATE SIGNED *4-15-50*24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24b. DATE *April 16, 1950* 24c. NAME OF CEMETERY OR CREMATORY *W. O. W. Cemetery* 24d. LOCATION (City, town, or county) (State) *East Prairie, Mo.*DATE REC'D BY LOCAL REG. *6/10/1950* REGISTRAR'S SIGNATURE *Anna Harper* FUNERAL DIRECTOR'S SIGNATURE *Pravis Shelby* ADDRESS *East Prairie*

JUN 12 REC'D  
RECEIVED  
Miss. Co. Health De  
County File No. \_\_\_\_\_  
Date Filed JUN 1 6 1932

JUN 6 1932

MAY 27 1932  
APR 29 1932

FEB 25 1932

MAY 18 1932

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 *Travis Shelby*

Licensed Embalmer No. *5724*

P. O. Address *East Orange*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.