

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY Morgan
b. CITY, (If outside corporate limits, write RURAL and give township) Versailles
c. LENGTH OF STAY (in this place) 10Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION 301 McNair

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Morgan
c. CITY (If outside corporate limits, write RURAL and give township) Versailles
d. STREET ADDRESS (If rural, give location) 301 McNair

3. NAME OF DECEASED
a. (First) William b. (Middle) Leonidas c. (Last) Roberts
4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Sept. 6, 1869 9. AGE (In years last birthday) 81
IF UNDER 1 YEAR Months 3 IF UNDER 2 HRS. Hours Min. 3

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

13a. FATHER'S NAME Alfred Roberts
13b. MOTHER'S MAIDEN NAME Harriett Barborn
14. NAME OF HUSBAND OR WIFE Selina Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY No
17. INFORMANT'S SIGNATURE OR NAME Mrs. Claude Nichols
ADDRESS Versailles, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute heart failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic heart disease & Decomp. 20 years
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4:00

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) 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 6-1, 1950, to 12-9, 1950, that I last saw the deceased alive on 12-9, 1950, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jack Gunn M.D.
23b. ADDRESS Versailles, Mo.
23c. DATE SIGNED 12-11-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 11-50
24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery
24d. LOCATION (City, town, or county) (State) Versailles, Mo.

DATE REC'D BY LOCAL REG. Dec 16-1950
REGISTRAR'S SIGNATURE L.L. Wallburn M.D.
25. FUNERAL DIRECTOR'S SIGNATURE W.F. K... Versailles, Mo.
ADDRESS

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

RECEIVED

12-18-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-18-50

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

Raymond C. Foster

Licensed Embalmer No. 4626

P. O. Address Versailles, 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.