

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41831**  
Registrar's No. **408**

BIRTH NO. **92495-50** REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056**

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

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>	c. LENGTH OF STAY (In this place) <b>10 min</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Sturgeonville 0100</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>M. Carmick Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>P.O. Box Sturgeonville</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Steven</b> b. (Middle) <b>Wayne</b> c. (Last) <b>Roberts</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 8 50</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>12-8-50</b>	9. AGE (In years last birthday)	10. F UNDER 1 YEAR <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>	11. BIRTHPLACE (State or foreign country) <b>Moberly, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Robert Roberts</b>	13b. MOTHER'S MAIDEN NAME <b>Betty Current</b>	14. NAME OF HUSBAND OR WIFE <b>Robert Roberts</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <b>Robert Roberts</b>
16. SOCIAL SECURITY NO.		ADDRESS

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>miscarriage 30 wks.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Unknown</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			

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) <b>776X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **12/8/50**, to **12/8/50**, 19**50**, that I last saw the deceased alive on **8:45 A**, 19**50**, and that death occurred at **8:55 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>O. H. Marshall Jr. D.O.</b>		23b. ADDRESS <b>Sturgeonville Mo</b>	23c. DATE SIGNED <b>12-8-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 12-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chapel Home</b>	24d. LOCATION (City, town, or county) (State) <b>Clark Mo</b>
DATE REC'D BY LOCAL REG. <b>Dec 12-50</b>	REGISTRAR'S SIGNATURE <b>Leah Williams</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Banner &amp; Booth Sturgeonville Mo</b>	ADDRESS

Date Received: DEC 18 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 12-30-2  
Date Filed: DEC 19 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

Licensed Embalmer No. 4087

P. O. Address Sturgeon - 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.