

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9182

State File No.

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY LEWIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEWISTOWN		c. LENGTH OF STAY (in this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEWISTOWN		d. STREET ADDRESS (If rural, give location) XXXXXXX			
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXX				d. STREET ADDRESS (If rural, give location) XXXXXXX					
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM			b. (Middle) HENRY		c. (Last) ROBERTS		4. DATE OF DEATH (Month) (Day) (Year) MARCH 31 1951		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN. 18, 1863		9. AGE (In years last birthday) 88	10. IF UNDER 1 YEAR Month Day 2 13	11. IF UNDER 1 HR. Hour Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT			10b. KIND OF BUSINESS OR INDUSTRY GENERAL STORE		11. BIRTHPLACE (State or foreign country) BUNKER HILL, MO.			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME BENJAMIN ROBERTS			13b. MOTHER'S MAIDEN NAME JANE SHANKS			14. NAME OF HUSBAND OR WIFE SARAH D. ROBERTS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. XXXX		17. INFORMANT'S SIGNATURE OR NAME LIZZIE D. BRONSON			ADDRESS LEWISTOWN, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza.				INTERVAL BETWEEN ONSET AND DEATH 15 days	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
				DUE TO (b) Senility.					
				DUE TO (c)					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 481X					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 3/16, 1951 to 3/31, 1951 , that I last saw the deceased alive on 3/31, 1951 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE W. H. Arnold				(Degree or title) M.D.		23b. ADDRESS Le Belle, Mo.		23c. DATE SIGNED 4/1-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/2/51		24c. NAME OF CEMETERY OR CREMATORY LEWISTOWN		24d. LOCATION (City, town, or county) (State) LEWISTOWN, MISSOURI			
DATE REC'D BY LOCAL REG. 4-4-51		REGISTRAR'S SIGNATURE P. H. Jennings			25. FUNERAL DIRECTOR'S SIGNATURE Charles L. Arnold				ADDRESS LeWistown, Mo.

(If Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48560
1

1967 T NMP

Date Received: APR 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-683
Date Filed: APR 9 1951

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 Charles J. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, 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.