

No. 300  
10-48  
640

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9633  
Registrar's No. 39

BIRTH NO. REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4425

1. PLACE OF DEATH  
a. COUNTY Lack

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Lack

b. CITY OR TOWN Mariemville East

c. CITY OR TOWN Mariemville East

d. FULL NAME OF HOSPITAL OR INSTITUTION 5 Miles South East of Mariemville

d. STREET ADDRESS 5 Miles South East of Mariemville

3. NAME OF DECEASED  
a. (First) Jefferson b. (Middle) Wiley c. (Last) Franklin Roberson

4. DATE OF DEATH  
(Month) (Day) (Year)  
Feb 10 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb 12, 1876

9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.)  
74 11 29

10a. USUAL OCCUPATION (Give kind of work during most of working life even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm Work

11. BIRTHPLACE (State or foreign country) Waynes Co, Tenn

12. CITIZENSHIP OF WHAT COUNTRY USA

13a. FATHER'S NAME John Wesley Roberson

13b. MOTHER'S MAIDEN NAME Savannah Townsend

14. NAME OF HUSBAND OR WIFE Rebecca Roberson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mrs. J. W. J. Roberson ADDRESS Mariemville

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Congestive heart failure  
ANTECEDENT CAUSES Chronic Bronchitis  
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.

INTERVAL BETWEEN ONSET AND DEATH  
241X

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 Feb, 1949, to Feb-12, 1951, that I last saw the deceased alive on Feb-6, 1951, and that death occurred at Lack, Mo., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)

23b. ADDRESS Mariemville

23c. DATE SIGNED Feb-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE Feb 12 1951

24c. NAME OF CEMETERY OR CREMATORY Brighton Cemetery

24d. LOCATION (City, town, or county) (State) Brighton Mo

DATE REC'D BY LOCAL REG. Mar. 8, 1951

REGISTRAR'S SIGNATURE Ralph Gordon

25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 258 [Address]

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

DIVISION OF HEALTH OF MD.

District No. 3 - Springfield

RECEIVED MAR 14 1951

Dist. File 351-549

Date Filed 3-15-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Chas. J. Foster*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4154

P. O. Address Bolivar, Md.

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.