

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **31017**  
 Registrar's No. **94**

*Dr. Bartlett*  
 FILED SEP 28 1951

BIRTH NO.		REG. DIST. NO. <b>267</b>		PRIMARY REG. DIST. NO. <b>5900</b>		Registrar's No. <b>94</b>	
1. PLACE OF DEATH a. COUNTY <b>Deming</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Deming</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Briggsville</b>		c. LENGTH OF STAY (in this place) <b>29 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Briggsville</b>		8780	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas L</b> b. (Middle) <b>Roberson</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>9-12-51</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12-10-1865</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>2</b>	IF UNDER 2 HRS. Hours <b>2</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>Marion Ky 1</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Roberson</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		13c. NAME OF HUSBAND OR WIFE <b>Leola Roberson</b>			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>C.R. Roberson Blytheville Ark</b>			
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) <b>Cerebral Thrombosis</b>  ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Hypertension</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>				INTERVAL BETWEEN ONSET AND DEATH <b>36 hrs.</b>  <b>Several yrs.</b> <b>Several yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>332 x</b>		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)		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 <b>Nov.</b> , 19 <b>49</b> , to <b>Sept.</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Sept 12</b> , 19 <b>51</b> , and that death occurred at <b>10 P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Robert Bartlett D.O.</b>				23b. ADDRESS <b>Steele, Mo.</b>		23c. DATE SIGNED <b>9/14/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-14-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT Zion</b>		24d. LOCATION (City, town, or county) (State) <b>Steele Mo</b>	
DATE REC'D BY LOCAL REG. <b>9-25-51</b>		REGISTRAR'S SIGNATURE <b>John W German</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>German Undert Co Steele Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

0780  
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9-51-234

Rec. SEP 26 1951

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

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.....

*John W. German*

Signed.....

Student Embalmer

Licensed Embalmer No. *A 355*

P. O. Address *Hayt, 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.