

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27323

State File No. ....

BIRTH NO. 48746 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 368

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Butler</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan</u>	
c. LENGTH OF STAY (in this place) <u>18 days</u>		d. STREET ADDRESS (If rural, give location) <u>114 Sycamore St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctor's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>William</u> b. (Middle) <u>Orville</u> c. (Last) <u>Roberts</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 30, 1952</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Nov. 20, 1887</u>
<b>9. AGE</b> (In years less birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u>	IF UNDER 6 SEES. Hours <u>1</u> Min. <u>0</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>General Merchandise</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Indiana</u>
<b>13a. FATHER'S NAME</b> <u>Charles A. Roberts</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Elizabeth Steffey</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Nettie Roberts</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>E. E. Roberts Doniphan, Mo.</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Pulmonary Edema</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u> DUE TO (c) <u>Nephritis, Chronic</u>  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>592X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	<b>21f. HOW DID INJURY OCCUR</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>22. I hereby certify that I attended the deceased from <u>7-13-1952</u> to <u>7-30-1952</u>; that I last saw the deceased alive on <u>7-30-1952</u>, and that death occurred at <u>5:50</u> p.m., from the causes and on the date stated above.</b>	
<b>23a. SIGNATURE</b> (Degree or title) <u>[Signature]</u>		<b>23b. ADDRESS</b> <u>Doniphan, Mo.</u>	<b>23c. DATE SIGNED</b> <u>8-2-52</u>
<b>24a. BURIAL—CREMATION—REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>8-1-1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Doniphan Cemetery</u>	<b>24d. LOCATION (City, town, or county) (State)</b> <u>Doniphan, Mo.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>8-2-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Wm. H. Johnson</u>	<b>428-1</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>[Signature] Doniphan, Mo.</u>

RECEIVED  
RECEIVED

RECEIVED

AUG 14 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 852-409

---

---

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.

Signed George A. Kerby

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4752

P. O. Address Doniphan, 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.