

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29958

LED SEP 3- 1952

State File No. _____
Registrar's No. 7904

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY JASPER 8120	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEWTON 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 410 W. MORGAN	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) EDGAR	c. (Last) ROBERTS	4. DATE OF DEATH (Month) (Day) (Year) 8 19 52
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR 12, 1881	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Mth. Hours	IF UNDER 1 Mth. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (City and State or Foreign Country) JASPER COUNTY, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ALLEN ROBERTS	13b. MOTHER'S MAIDEN NAME JENNY HACKETT	14. NAME OF HUSBAND OR WIFE PAULINE ROBERTS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pauline Roberts
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) THROMBOSIS OF MESENTERIC ARTERY		INTERVAL BETWEEN ONSET AND DEATH 1-2 DAYS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO-SCLEROTIC HEART DISEASE		3-10 YRS.
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ATELECTASIS, BILATERAL CARCINOMA OF THE ESOPHAGUS		3-4 DAYS 3-10 YRS.

19a. DATE OF OPERATION 8/7/52	19b. MAJOR FINDINGS OF OPERATION ESOPHAGO-GASTRECTOMY	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 4200H
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22. I hereby certify that I attended the deceased from 8/11, 1952, to 8/19, 1952, that I last saw the deceased alive on 8/19, 1952, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F.R. Credley, M. D.	23b. ADDRESS 600 S. KINGSHIGHWAY	23c. DATE SIGNED 8/19/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 8-20-52	24c. NAME OF CEMETERY OR CREMATORY MT. CALVARY	24d. LOCATION (City, town, or county) (State) NEWTON, ILL.
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DATE REC'D BY LOCAL REG. AUG 20 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Dean Parker	ADDRESS Newton, Ill.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 M. W. Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis 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.