

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34334

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 427

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brosley, Route #1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brosley, Route #1	
c. LENGTH OF STAY (in this place) -----		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Brosley, Mo. R#1			

3. NAME OF DECEASED (Type or Print) a. (First) DONALD b. (Middle) RAY c. (Last) ROBERTS			4. DATE OF DEATH (Month) (Day) (Year) Oct. 10, 1952		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	
8. DATE OF BIRTH Sept. 22, 1952		9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 0 Days 18 IF UNDER 24 HRS. Hours 0 Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	
10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Poplar Bluff, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Willie F. Roberts		13b. MOTHER'S MAIDEN NAME Mary Francis Thomas		14. NAME OF HUSBAND OR WIFE Child	
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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		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Willie F. Roberts, Brosley R#1	
ADDRESS Brosley R#1					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Cardiac failure					
		DUE TO (c) Malnutrition					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 10-10-52, 1952, to 10-10-, 1952, that I last saw the deceased alive on 10-10-, 1952, and that death occurred at 1:05 p. m., from the causes and on the date stated above.

23a. SIGNATURE F. F. Priest D.O.		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 10-21-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Oct. 11, 1952		24c. NAME OF CEMETERY OR CREMATORY Morocco Cemetery		24d. LOCATION (City, town, or county) (State) Brosley, Mo., Route	
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DATE REC'D BY LOCAL REG. Oct. 21 1952		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell		ADDRESS Poplar Bluff, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

#m
0120

Dr. Priest 58640
FILED OCT 31 1952

RECEIVED
OCT 30 1952
BUTLER CO. HEALTH CENTER
FILE No. 1052-514

(Handwritten signature)

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 Howard A. Cooper
Licensed Embalmer No. 3996
P. O. Address Poplar Bluff, 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.