

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2304**

FILED FEB 2 1954

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps <i>0812</i>	
b. CITY (If outside corporate limits, write RURAL and give town) Rolla		c. LENGTH OF STAY (in this place) 4 weeks	c. CITY OR TOWN Rolla
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) WALTER b. (Middle) WELLINGTON c. (Last) ROBERSON		4. DATE OF DEATH (Month) (Day) (Year) January 23, 1954	

5. SEX Male <i>0</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower <i>2</i>	8. DATE OF BIRTH December 12, 1880	9. AGE (In years last birthday) 73	F UNDER 1 YEAR Months 0 Days 0	F UNDER 8 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, retired		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Stickney, Missouri <i>0</i>		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William Roberson	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Nettie F. Roberson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edwin Roberson ADDRESS Rolla, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myelocytic leukemia		INTERVAL BETWEEN ONSET AND DEATH 2073 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.		
	II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Spiral		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 2041		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 **1-7-54** to **1-23-54** that I last saw the deceased alive on **1-22-54**, and that death occurred at **1 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Feind M.D. (Degree or title)	23b. ADDRESS Rolla Mo.	23c. DATE SIGNED 1-25-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 25, 1954	24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery
24d. LOCATION (City, town, or county) Rolla, Mo.		(State)

DATE REC'D BY LOCAL REG. Jan. 25, 1954	REGISTRAR'S SIGNATURE Dadine L. Stoll <i>380</i>	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null ADDRESS Rolla, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed 2-1-54

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.....
Signature of Student Embalmer

Signed..... Paul E. Nub

Licensed Embalmer No. 449

P. O. Address Rolla,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.