

FILED MAY 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15080

State File No. 296  
Registrar's No. 296

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 5142		State File No. 296		Registrar's No. 296	
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 Rural Neely Twp.		c. LENGTH OF STAY (in this place) Life.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Neely Twp.		0-20			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Miles So. Neelyville on 67 Hwy.				d. STREET ADDRESS (If rural, give location) 3 mi. So. Neelyville on 67 Hwy.					
3. NAME OF DECEASED (Type or Print) William Dudley Roberts			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 5, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 10 1869		9. AGE (In years last birthday) 85	10. MONTHS	11. YEARS	12. HOURS	13. MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John W. Roberts		13b. MOTHER'S MAIDEN NAME Nancy Glass		14. NAME OF HUSBAND OR WIFE					
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. None		17. INFORMANT'S SIGNATURE OR NAME Belle Henthorne Neelyville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Heart Disease DUE TO (c) Advancing Age							INTERVAL BETWEEN ONSET AND DEATH 2 days  Undetermined	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION							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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 Jan. 1, 1954, to May 5, 1954, that I last saw the deceased alive on May 5, 1954, and that death occurred at 2:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE J. L. Smith (Degree or title)				23b. ADDRESS P.O. Box 328, Neelyville, Mo.				23c. DATE SIGNED 5-8-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 3 1954	24c. NAME OF CEMETERY OR CREMATORY Roberts Cemetery		24d. LOCATION (City, town, or county) (State) Butler County, Mo.				
DATE REC'D BY LOCAL REG. 5/11/54		REGISTRAR'S SIGNATURE J. H. Murrell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Black's Mortuary Corning, Ark.					

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

RECEIVED

MAY 17 1954

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 \_\_\_\_\_

*Roman J. Selig*

Licensed Embalmer No. \_\_\_\_\_

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P. O. Address \_\_\_\_\_

Corning, N.Y.

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.