

## STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moherly</u>		c. CITY OR TOWN <u>Centralia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>McCormick Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>502 South Allen</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Frank</u> c. (Last) <u>Roberts</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26-'55</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mch. 22, 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR <u>10</u> MONTHS <u>4</u> DAYS
11. BIRTHPLACE (City and State or Foreign Country) <u>Randolph County</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jesse Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Farris</u>	14. NAME OF HUSBAND OR WIFE <u>Betty Dina Roberts</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-30-3143</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr. R.P. Roberts, Kansas City</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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"/>
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)	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 <u>5pm 1/26, 1955</u> , to <u>6:58pm 1/26 55</u> , that I last saw the deceased alive on <u>1/26</u> , 1955, and that death occurred at <u>6:58 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Leah W. Lowe</u> (Degree or title) <u>Registrar</u>		23b. ADDRESS <u>Moherly, Mo</u>	23c. DATE SIGNED <u>1/29/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan. 30-'55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Near Clark, Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-30-55</u>	REGISTRAR'S SIGNATURE <u>Leah W. Lowe</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bill J. Hedrick, Centralia</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 14 1951

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 *Bill J. Weider*.....

Licensed Embalmer No. 4876

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