

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018775

FILED MAY 28 1959

Registration District No. 294

Primary Registration District No. 3056

STATE FILE NUMBER

Registrar's No. 108

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-57

1. PLACE OF DEATH a. COUNTY <u>Wandolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingstone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Chillicothe</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wabash Hospital</u>		d. STREET ADDRESS <u>113 Herriford</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>SAMUEL RILEY ROBERTS</u>		4. DATE OF DEATH Month Day Year <u>May-21-1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June-10-1916</u>
9a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Seaman Labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash R.R.</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Everett Roberts</u>	13b. MOTHER'S MAIDEN NAME <u>Leona Frazier</u>	14. NAME OF HUSBAND OR WIFE <u>Frances Roberts</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Mrs. Frances Roberts Chillicothe MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute leukemia</u> DUE TO (b) _____ DUE TO (c) <u>Exact etiology unknown.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>About 4 Mos.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>Apr. 29, 1959</u> to <u>May 21, 1959</u> and last saw ^{her} him alive on <u>May 21, 1959</u> Death occurred at <u>4:40 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) <u>L. K. McMurtry, M.D., Surgeon in Charge</u>	22b. ADDRESS <u>Wabash Employes' Hospital Moberly, Missouri</u>	22c. DATE SIGNED <u>5/22/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5-22-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Chillicothe MO.</u>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS <u>Carter Funeral Home Moberly MO.</u>	25. DATE RECD. BY LOCAL REG. <u>5-22-59</u>	26. REGISTRAR'S SIGNATURE <u>Seabell</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *R. M. Carter*

Licensed Embalmer No. *4117*
P. O. Address *Woburn, Mass.*

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.