

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27325**

FILED SEP 7 1948

Registration District No. **290**

Primary Registration District No. **4421**

Registrar's No. **104**

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Waynesville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Waynesville General**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days**
(Specify whether)
In this community **Entire lifetime**
years, months or days

3. (a) PRINT

FULL NAME **Wade Moseby Roberts**

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex **Male**

5. Color or

race **White**

6. (a) Single, widowed, married,
divorced **Married**

6. (b) Name of husband or wife

Eva Roberts

6. (c) Age of husband or wife if

alive **64** years

7. Birth date of deceased

6

(Month)

29

(Day)

1887

(Year)

8. AGE:

Years

Months

Days

If less than one day

61

1

19

hr.

min.

9. Birthplace

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name **Joseph Roberts**

13. Birthplace

(City, town, or county)

Missouri

(State or foreign country)

14. Maiden name

Isabelle Hamilton

15. Birthplace

(City, town, or county)

Missouri

(State or foreign country)

16. (a) Informant

Mrs. Eva Roberts

(b) Address

Dixon, Missouri

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

8/20/1948

(Month) (Day) (Year)

(c) Place: burial or cremation

Dixon

18. (a) Signature of funeral director

Fred H. Gilbert

(b) Address

Dixon, Missouri

19. (a)

9-3-48

(Date received local registrar)

(b)

Thelma C. Buckner

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pulaski**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **18**
year **1948** hour **3** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **8-18-48** to **8-18-48**, 19**48**
that I last saw him alive on **8-18-48**
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac Decompensation

Duration

months

Due to

arteriosclerosis

yes

Due to

Other conditions

(Include pregnancy within 3 months of death)

Tuberculosis pulmonary

yes

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Thelma C. Buckner

(M. D. or other)

Address

Dixon, Mo

Date signed **9-3-48**

1961
SEP 8 1948

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Maurice C. Schierbaum
Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.