

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29415

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>4044</u>		Registrar's No. <u>51</u>			
1. PLACE OF DEATH a. COUNTY <u>BOONE</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE</u>					
b. CITY OR TOWN <u>STURGEON</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>STURGEON</u>		OR TOWN _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>WALTER</u>			b. (Middle) <u>COLE</u>			
			c. (Last) <u>ROBERTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 18-1950</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>July-10-1877</u>			
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER, RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Texas - 1</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>SAMUEL ROBERTS</u>			13b. MOTHER'S MAIDEN NAME <u>PERLINA JENNINGS</u>			14. NAME OF HUSBAND OR WIFE <u>ETHEL ROBERTS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>			16. SOCIAL SECURITY NO. <u>2</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Roberts</u> ADDRESS <u>Sturgeon Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>	
				ANTECEDENT CAUSES Morbidity 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.				352X	
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) _____					
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>July 18, 1948</u> , to <u>Sept 18, 1950</u> , that I last saw the deceased alive on <u>Sept 18, 1950</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. M. Thomas M.D.</u> (Degree or title)				23b. ADDRESS <u>Sturgeon Mo</u>				23c. DATE SIGNED <u>Sept 20-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 20-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. NOREB</u>		24d. LOCATION (City, town, or county) <u>STURGEON</u> (State) <u>Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Sept. 20-1950</u>		REGISTRAR'S SIGNATURE <u>Maund McBride</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barnes & Booth</u>		ADDRESS <u>Sturgeon, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-25-50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 9-25-50

OCT 7 1950

VS SEP 18 1950

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

working under my personal supervision.

Student Embalmer No.

Signed

C. P. Boothe

Signed Student Embalmer

Licensed Embalmer No. 4087

P. O. Address. *Sturgeon Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.