

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JAN 22 1951

State File No. **81**

BIRTH NO. _____ REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **5040** Registrar's No. **1111**

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Exeter township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Exeter township (Rural)	
c. LENGTH OF STAY (in this place) 6 years		d. STREET ADDRESS (If rural, give location) Rt # 1 Exeter, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) JAMES BAXTER ROBERTS			4. DATE OF DEATH (Month) (Day) (Year) Jan. 8, 1951		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year
Male	White	Married	Dec 27, 1883	67	0 11
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YEAR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Brown, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Baxter Roberts		13b. MOTHER'S MAIDEN NAME Joseph Sumpter	14. NAME OF HUSBAND OR WIFE Marlene Roberts	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 429-01-7125	17. INFORMANT'S SIGNATURE OR NAME Marlene Roberts - Exeter, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic Stenosis		INTERVAL BETWEEN ONSET AND DEATH
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.		42 11

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) (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 Dec. 1, 1950, to Jan. 7, 1951, that I last saw the deceased alive on Jan 7, 1951, and that death occurred at 3:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Glenn N. Salver M.D.		23b. ADDRESS Cassville Mo.	23c. DATE SIGNED 1/8/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/10/51	24c. NAME OF CEMETERY OR CREMATORY Walden Cemetery	24d. LOCATION (City, town, or county) (State) Burch, Arkansas
DATE REC'D BY LOCAL REG. Jan 10-1951	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE R. H. Nelson - Berryville, Ark.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED: JAN 15 1951

Dist. File 157-115-

Date Filed 1-15-51

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 Lloyd R. Wainwright

Licensed Embalmer No. 3867

P. O. Address Berryville, Ark.

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.