

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8261

046

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Waverly</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Waverly</u>	
b. CITY OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>West Plains</u> <u>0461</u>	
c. LENGTH OF STAY (in this place) <u>1 yr</u>		d. STREET ADDRESS <u>208 S. Hill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>		d. STREET ADDRESS (If rural, give location) <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bester</u>	b. (Middle) <u>Wilson</u>	c. (Last) <u>Roberts</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-10-51</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>11-18-85</u>
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>2 22</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Teacher</u>
11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unk</u>		13b. MOTHER'S MAIDEN NAME <u>unk</u>	
14. NAME OF HUSBAND OR WIFE <u>Cella Roberts</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Cella Roberts</u> ADDRESS <u>West Plains 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ventricular Tachycardia</u> <u>Coronary occlusion</u> DUE TO (c) _____		4201	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Emphysema</u>			
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>5-22, 1948</u> to <u>1-10, 1951</u> , that I last saw the deceased alive on <u>1-10, 1951</u> , and that death occurred at <u>10:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. C. Bohrer</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>West Plains, Mo</u>	23c. DATE SIGNED <u>1-21-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>R 5</u>	24b. DATE <u>1-12-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stuart</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo</u>
DATE REC'D BY LOCAL REG. <u>3-7-51</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> <u>379</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Robertson, West Plains Mo</u> ADDRESS _____	

DIVISION OF HEALTH OF MO.

District No. 8-7-1-14

RECEIVED MAR 12 1951

Dist. File 357-520

Date Filed 3-12-51

**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.

Signed.....  
Student Embalmer

Signed D. D. Roberts

Licensed Embalmer No. 3437

P. O. Address West Plains, 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 this body is not embalmed, fact should be so stated above.