

FILED MAY 18 1951

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal 0640</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>R#1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Hayden</u> c. (Last) <u>Roberts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 30 1951</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>December 7, 1880</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 11 Mths. Days <u>23</u>	IF UNDER 24 Hrs. Hours <u></u>	IF UNDER 15 MIN. Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Grocery</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lewis Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME <u>James Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah A. Perry</u>		14. NAME OF HUSBAND OR WIFE <u>Mac L.</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'S SIGNATURE OR NAME <u>Mac L. Roberts R#1 Hannibal Mo</u>		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia 2 days</u>						<u>2 Day 8</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				4 days	
		DUE TO (b) <u>cerebral embolism</u>				7 days	
		DUE TO (c) <u>coronary disease</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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 4/23/51, 1951, to 4/30/51, 1951, that I last saw the deceased alive on 4/30/51, 1951, and that death occurred at 2:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. E. Sultman M.D.</u>		(Degree or title) <u>M.D., F.A.C.S.</u>		23b. ADDRESS <u>115 N. 5th St, Hannibal, Mo</u>		23c. DATE SIGNED <u>5/4/51</u>	
---	--	--	--	--	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Quincy, Adams Ill</u>	
--	--	----------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>5-10-51</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By W. Taylor</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Connell</u>		ADDRESS <u>Hannibal Mo</u>	
--	--	--	--	--	--	-------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 1 1951
HEALTH DEPT.
MAY 16 1951
DATE FILED

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 *Michael J. O'Connell*

Licensed Embalmer No. *3246*

P. O. Address *Hannibal 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.