

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

9582

FILED APR 15 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bonne Terre</b>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Farmington</b>		d. STREET ADDRESS (If rural, give location) <b>C</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Richard</b> b. (Middle) <b>Silas</b> c. (Last) <b>Roberts</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 1 1952</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec. 19 1869</b>	9. AGE (In years last birthday) <b>82</b>	10. MONTHS <b>3</b> 11. DAYS <b>12</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>attendant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Crawford County Mo. C</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>John B. Roberts</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Francis Merritt</b>	14. NAME OF HUSBAND OR WIFE <b>Cora Roberts</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>489-26-3542</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Raymond S. Roberts</b>	ADDRESS <b>Farmington Mo</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>6 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage -</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Disease</b> DUE TO (c) _____		
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 <b>4251</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **March 26, 1952**, to **April 1, 1952**, that I last saw the deceased alive on **March 26, 1952**, and that death occurred at **10 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. J. L. Watkins, M.D.</b>	23b. ADDRESS <b>Farmington Mo.</b>	23c. DATE SIGNED <b>4-3-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>April 3 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Parkview</b>	24d. LOCATION (City, town, or county) (State) <b>FARMINGTON MO</b>
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DATE REC'D BY LOCAL REG. <b>apr. 3, 1952</b>	REGISTRAR'S SIGNATURE <b>Catherine Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.H. COZEAN</b>	ADDRESS <b>FARMINGTON MO</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 21 1952

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 Ch Cozear

Licensed Embalmer No. 4084

P. O. Address Farrington, Tex

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.