

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26817

BIRTH NO. <u>39766</u>		REG. DIST. NO. <u>24</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>156</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u> <u>0972</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> <u>0972</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u>		c. LENGTH OF STAY (in this place) (township) <u>25 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>121 North Odell</u>				d. STREET ADDRESS (If rural, give location) <u>121 North Odell</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Roberts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 25 1952</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>July 25-1952</u>	
9. AGE (In years last birthday)		10. MONTHS		11. DAYS		12. HOURS	
<u>0</u>		<u>23</u>		<u>23</u>		<u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William D. Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Ann Wilkerson</u>		14. NAME OF HUSBAND OR WIFE <u>-</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. <u>None</u>		17. INFORMANT'S SIGNATURE AND NAME ADDRESS <u>William D. Roberts-Marshall, 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>Suffocation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vomitus plug in trachea</u> E9210 18 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Baby's weight at birth 4.6g</u>					INTERVAL BETWEEN ONSET AND DEATH
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>July 23, 1952</u> , to <u>July 25, 1952</u> , that I last saw the deceased alive on <u>July 23, 1952</u> , and that death occurred at <u>6 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard D. Wickles M.D.</u>				23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>7-26-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/26/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 26, 1952</u>		REGISTRAR'S SIGNATURE <u>Bidney T. Gray 385</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Leslie Surrency Marshall, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 J. Leslie Sussman

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.