

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

299

State File No.

No. 300
10-48

FILED JAN 11 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>SAVANNAH</u> <u>0020</u>	
c. LENGTH OF STAY (in this place) <u>5 Days</u>		d. STREET ADDRESS (If rural, give location) <u>1008 Wakefield Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			
3. NAME OF DECEASED a. (First) <u>JAMES</u> b. (Middle) <u>William</u> c. (Last) <u>ROBERTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 1 54</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>Aug. 17-1884</u>
9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Andrew Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>JOSEPH A. ROBERTS</u>	13b. MOTHER'S MAIDEN NAME <u>NANNIE WATERSON</u>	14. NAME OF HUSBAND OR WIFE <u>ANNIE HARTLEY ROBERTS</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Miss Annie Roberts, 1008 Wakefield Ave Savannah, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tubercular Lymphadenopathy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr 6 mo</u> <u>3 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tuberculosis Generalized</u>		
	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	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) <u>0192</u>
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 2-17, 1949 to 1-1, 1954, that I last saw the deceased alive on 1-1, 1954, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Death or title) <u>Arthur B. Kelley, M.D.</u>	23b. ADDRESS <u>Savannah, Mo</u>	23c. DATE SIGNED <u>1-3-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-3-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>
24d. LOCATION (City, town, or county) (State) <u>SAVANNAH MO</u>		

DATE REC'D BY LOCAL REG. <u>Jan 4, 1954</u>	REGISTRAR'S SIGNATURE <u>Kather M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Breit Funeral Home Savannah Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.