

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHDR. TUN 26863
State File No.BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 835

1. PLACE OF DEATH a. COUNTY <u>CRITTEN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>TANEY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROCKAWAY BEACH</u>	
c. LENGTH OF STAY (In this place) <u>2 1/2 WKS.</u>		d. STREET ADDRESS (If rural, give location) <u>1060</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>WILLIAM</u>	b. (Middle) <u>R.</u>	c. (Last) <u>ROBERTS</u>	<u>SEPT. 4 1954</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>JUNE 2, 1886</u>		9. AGE (In years last birthday) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAFE OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RESORT</u>		11. BIRTHPLACE (State or foreign country) <u>PITTSBURG, KANSAS</u>	
13a. FATHER'S NAME <u>HARRY ROBERTS</u>		13b. MOTHER'S MAIDEN NAME <u>DORA COLESTOM</u>		14. NAME OF HUSBAND OR WIFE <u>BETTY ROBERTS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>BETTY ROBERTS</u>		ADDRESS <u>ROCKAWAY BEACH, MO</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PERFORATION OF DUODENAL ULCER WITH GENERALIZED PERITONITIS</u>		DUE TO (b) _____		<u>6 DAYS</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <u>ARTEROSCLEROTIC HEART DIS. WITH CONGESTIVE FAILURE</u>		<u>UNKNOWN</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>DIABETES MELLITUS</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) (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 ABOUT JUNE 18 54, to SEPT. 4, 1954, that I last saw the deceased alive on SEPT. 4, 1954, and that death occurred at 4 45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Glenn O. Turner, M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>9/4/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>9/4/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEMORIAL</u>	
		24d. LOCATION (City, town, or county) <u>BRANSON, MISSOURI</u>		(State)	

DATE REC'D BY LOCAL REG. <u>9-7-54</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. LOHMEYER</u>	
				ADDRESS <u>SPRINGFIELD, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

OCT 25 1956

SEP 6 1956

SEP

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 *A. J. McCowan*

Licensed Embalmer No. *2727*

P. O. Address *Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.