

STANDARD CERTIFICATE OF DEATH

State File No. **12970**

FILED MAY 6 1955

| | | | | | | | | | |
|---|----------------------------------|--|--|--|--|---|---|--|------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 296 | | PRIMARY REG. DIST. NO. 4445 | | Registrar's No. 14 | | | |
| 1. PLACE OF DEATH a. COUNTY Ray | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ray | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Orrick | | c. LENGTH OF STAY (In this place) Lifetime | | c. CITY (If outside corporate limits, write RURAL and give township) Orrick | | 0890 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home | | | | d. STREET ADDRESS (If rural, give location) 0 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William | | | b. (Middle) Edward | | c. (Last) Roberts | | 4. DATE OF DEATH (Month) April (Day) 29 (Year) 1955 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | | 8. DATE OF BIRTH Feb. 28, 1874 | 9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HR. Hours | IF UNDER 1 HR. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Ray County Near Orrick | | 12. CITIZEN OF WHAT COUNTRY? U S A | | |
| 13a. FATHER'S NAME William Roberts | | | 13b. MOTHER'S MAIDEN NAME Sarah Ann McMullin | | 14. NAME OF HUSBAND OR WIFE None | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances Broadhurst Orrick, Mo. | | | | | |
| 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) Acute Endocarditis | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Old Pneumonia | | | | | |
| * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | 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 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) | | 490 X | | | |
| 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 4-25-55 , 19____, to 4-29-55 , 19____, that I last saw the deceased alive on 4-29-55 , 19____, and that death occurred at 10:30P m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Giffert J. Simmons T. D.O. | | | | 23b. ADDRESS Orrick, Mo | | 23c. DATE SIGNED May-1-55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 1, 55 | | 24c. NAME OF CEMETERY OR CREMATORY South Point | | 24d. LOCATION (City, town, or county) (State) Orrick, Mo. | | | |
| DATE REC'D BY LOCAL REG. 5-2-55 | | REGISTRAR'S SIGNATURE Helen J. Larkin | | 25. FUNERAL DIRECTOR'S SIGNATURE B. W. Good | | ADDRESS Orrick, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

890

JUN 1 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *John Pauley*

Licensed Embalmer No. *4308*

P. O. Address *Liberty, 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.