

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31336

State File No. _____

BIRTH NO. _____

REG. DIST. NO. 280PRIMARY REG. DIST. NO. ~~_____~~ ⁵⁹⁶⁷Registrar's No. ~~_____~~ ⁷⁴

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Weston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Weston Town.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>4 mile east of Weston</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Robert</u>	b. (Middle) <u>D.</u>	c. (Last) <u>Lober</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-19-50</u>
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5. SEX <u>male</u> <input type="radio"/>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-20-63</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	11. BIRTHPLACE (State or foreign country) <u>Platte Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>
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13a. FATHER'S NAME <u>Napolian Lober</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Rice</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Pence</u>
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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>XX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Joe Wills Weston, Mo.</u>	ADDRESS
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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, asthenia, 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>Ch. Myocarditis, Ch. Glomerulo Nephritis</u>		<u>5 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Prostatitis, Arteriosclerosis</u>		<u>6 yrs.</u>
DUE TO (c) <u>XXXXXX</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>XXXXX</u>		<u>4221</u>	

19a. DATE OF OPERATION <u>XXXX</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXXX</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXX</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Weston Platte Co. Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>XXXXX</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>XXXXXX</u>
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22. I hereby certify that I attended the deceased from Jan. 1, 1940, to Sept 19, 1950, that I last saw the deceased alive on Sept. 19, 1950, and that death occurred at 6 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lewis C. Galvert, M.D.</u>	23b. ADDRESS <u>Weston Mo.</u>	23c. DATE SIGNED <u>9/22/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-21-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT RIDGE CEM</u>	24d. LOCATION (City, town, or county) (State) <u>PLATTE CO. MO</u>
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DATE REC'D BY LOCAL REG. <u>9-21-50</u>	REGISTRAR'S SIGNATURE <u>Alpha Rollins</u>	257	25. FUNERAL DIRECTOR'S SIGNATURE <u>VAUGHN FUNERAL HOME WESTON</u>	ADDRESS <u>MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48



APR 21 1959

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.