

No. 300
10. 48

FILED MAR 13 1952

STANDARD CERTIFICATE OF DEATH

State File No. 4804

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 5559 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Howell</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hutton Valley, Mo.</u>		c. LENGTH OF STAY (in this place) <u>18 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Hutton Valley</u>		<u>0460</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			d. STREET ADDRESS (If rural, give location) <u>0</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Owen</u> c. (Last) <u>Roberts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>April 22, 1948</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Hutton Valley, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Earl Roberts</u>	13b. MOTHER'S MAIDEN NAME <u>Laraine Bryan</u>	14. NAME OF HUSBAND OR WIFE
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Earl Roberts</u>	ADDRESS <u>Hutton Valley Mo.</u>
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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) <u>Suffocation from aspiration of vomitus</u>	DUPLICATE OF (b) <u>Asphyxiated by aspiration of vomitus</u>		<u>Immediate</u>
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUPLICATE OF (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUPLICATE OF (d)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 7/2, 1951, to 2/18, 1952, that I last saw the deceased alive on 2/17, 1952 and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) <u>M. B. Perkins, M.D.</u>	23b. ADDRESS <u>Willow Springs, Mo.</u>	23c. DATE SIGNED <u>2/19/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/20/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Epps Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Willow Springs, Mo. Rural</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 8, 1952</u>	REGISTRAR'S SIGNATURE <u>Maxhalee Bullard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Burns Funeral Home</u>	ADDRESS <u>Willow Springs,</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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Fred W. Barnes*

Signed.....
Student Embalmer

Licensed Embalmer No. *4614*

P. O. Address *Willow Springs, 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.