

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 26 1952

BIRTH NO. REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

1. PLACE OF DEATH a. COUNTY Audrain 0043 b. CITY (If outside corporate limits, write RURAL and give township) OR Town Mexico c. LENGTH OF STAY (in this place) OR 3 months		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain 0043 c. CITY (If outside corporate limits, write RURAL and give township) OR Town Mexico 0 d. STREET ADDRESS (If rural, give location) 915 W. Mansfield St.	
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3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) MITCHELL c. (Last) ROBERTS	4. DATE OF DEATH (Month) (Day) (Year) Aug. 17, 52
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5. SEX Male ✓	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Dec. 8, 1864	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Callaway County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Roberts	13b. MOTHER'S MAIDEN NAME Lucy Berry	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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mitchell Roberts, Mexico, Mo.	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, asthma, 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) Coronary embolism		8 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery disease DUE TO (c) Senility + myocardial degeneration		5 years
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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 30, 1950**, to **Aug 17, 1952**, that I last saw the deceased alive on **Aug 17, 1952**, and that death occurred at **1:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE H.W. Swan (Degree or title) Geo-2	23b. ADDRESS Mexico, Mo	23c. DATE SIGNED 8-19-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 19, 52	24c. NAME OF CEMETERY OR CREMATORY Ebenezer	24d. LOCATION (City, town, or county) (State) Callaway, County, Mo.
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DATE REC'D BY LOCAL REG. Aug 19-1952	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Pugh	ADDRESS Mexico, Mo.
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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 Paul E. Purdy

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.