

STANDARD CERTIFICATE OF DEATH

State File No. 4723

FILED FEB 18 1953

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5006 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Schuyler Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EN-ROUTE highway 63</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 0980</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Glenwood Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ambulance</u>			

3. NAME OF DECEASED a. (First) <u>Michael</u> b. (Middle) <u>Francis</u> c. (Last) <u>Roberts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 7 1953</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 14, 1878</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>23</u>	IF UNDER 18 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer.</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Charley Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Wallace</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Roberts</u>	
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>Arvey Roberts</u> ADDRESS NO. <u>Lancaster</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Compound fracture of skull</u>				INTERVAL BETWEEN ONSET AND DEATH <u>25 min.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple lacerations</u> DUE TO (c) <u>on face & body -</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8164</u> <u>20</u>					

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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in home, home, farm, factory, street, office building) <u>Highway 63 + 134</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) <u>098 (STATE)</u> <u>Lancaster Schuyler Co - Mo -</u>			

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-7-53 5:40</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Heaton Collision (2 pass. cars)</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:40 p.m.</u> , from the causes and on the date stated above.							

23a. SIGNATURE (Degree or title) <u>Robert B. Davis, Coroner</u>			23b. ADDRESS <u>Kubsville, Adair Co, Mo</u>			23c. DATE SIGNED <u>1-9-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 10 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LOOF</u>		24d. LOCATION (City, town, or county) (State) <u>Lancaster MO</u>	
DATE REC'D BY LOCAL REG. <u>2-9-53</u>		REGISTRAR'S SIGNATURE <u>Hate Lambert 1-0</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Bruce V. Norman</u> ADDRESS <u>Lancaster Mo</u>		

(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

Fred Gerth

Licensed Embalmer No.

4256

P. O. Address

Memphis

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.