

D. Taylor

STANDARD CERTIFICATE OF DEATH

State File No. 35390

FILED NOV 5 - 1953 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 307

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 1 yr	c. CITY OR TOWN Jefferson City
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Elmer	c. (Last) Roberts
4. DATE OF DEATH (Month) (Day) (Year) Oct 30 53		5. SEX Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July-7-1902
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Bakery	11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph S Roberts	
13b. MOTHER'S MAIDEN NAME Minnie Blackburn		14. NAME OF HUSBAND OR WIFE Mary Roberts	
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. 500-10-8373	
17. INFORMANT'S SIGNATURE OR NAME Mary Roberts, Jefferson City, Mo		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 day	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Anterograde generalized epilepsy	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia hepatala		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)		21d. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Oct 25, 1953, to Oct 30, 1953, that I last saw the deceased alive on Oct 30, 1953, and that death occurred at 9:20 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Leon A. Taylor M.D.		23b. ADDRESS Jefferson City, Mo	
23c. DATE SIGNED 10-30-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Nov-2-1953		24c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery	
24d. LOCATION (City, town, or county) Ashland, Missouri		24e. (State)	
DATE REC'D BY LOCAL REG Nov. 2-1953		REGISTRAR'S SIGNATURE R.P. Davis M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Frank J. Jordan		ADDRESS Jefferson City, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 13 1954

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.....
Signature of Student Embalmer

Signed *Ray J. Jordan*

Licensed Embalmer No. *1786*
P. O. Address *Jeff City Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.