

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39683**

**FILED NOV 23 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY OR TOWN <u>Chillicothe</u>		c. CITY OR TOWN <u>Chillicothe</u>	
c. LENGTH OF STAY (in this place) <u>14 years</u>		d. STREET ADDRESS (If rural, give location) <u>1226 Calhoun Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clay</u>	b. (Middle) <u>---</u>	c. (Last) <u>Roberts</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 15, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>September 11, 1892</u>	9. AGE (in years) (last birthday) <u>61</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hardware Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Montgomery-Ward</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Robert L. Roberts</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Lee Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha Davis Roberts</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>490-09-4364</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Clay Roberts; Chillicothe, Missouri</u>
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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 <u>6 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage TRAUMATIC</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Embolism</u> DUE TO (c) <u>Spontaneous pneumothorax</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Pneumonia quadriceps femoris tendon Rt.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>Auto accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Livingston Mo.</u>
21d. TIME OF INJURY <u>11 8 53 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Collision</u>

22. I hereby certify that I attended the deceased from 11-8- 1953, to 11-14- 1953, that I last saw the deceased alive on 11-14- 1953, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>D. M. Dowell, M.D.</u>	22b. ADDRESS <u>Chillicothe Mo</u>	22c. DATE SIGNED <u>11-16-53</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-17-53</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>	23d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-14-53</u>	REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Norman Funeral Home; Chillicothe, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 10

MAY 7 1952

**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 Elton J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

**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.