

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1868**

BIRTH NO. **FILED FEB 9 1954** REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 23

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

| | | | | | | |
|---|---|--|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Laclede</u> b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN <u>Lebanon Rural</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Rt # 4</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon Rural</u> d. STREET ADDRESS (If rural, give location) <u>R.R. # 4.</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ora</u> b. (Middle) <u>Earl</u> c. (Last) <u>Roberts</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30, 1954</u> | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>May 24 1896</u> | 9. AGE (In years last birthday) <u>57</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>6</u> IF UNDER 11 HRS. Hours <u></u> Min. <u></u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTH PLACE (City and State or Foreign Country) <u>Edison Nebraska</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>Julia Fetters</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rosie Roberts</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>yes World War I</u> | | 16. SOCIAL SECURITY NO. <u>494-18-8677</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Rosie Roberts Lebanon Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</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) | | 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 <u>1-26-1954</u> to <u>1-30-1954</u> that I last saw the deceased alive on <u>1-30-1954</u> and that death occurred at <u>9: P. m.</u>, from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE <u>B B Hurst, M.D.</u> | | | 23b. ADDRESS <u>Lebanon, Mo.</u> | | 23c. DATE SIGNED <u>2-2-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2/3/54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>2-2-1954</u> | | REGISTRAR'S SIGNATURE <u>Hella L. Mayo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. E. Holman Lebanon Mo.</u> | | |

APR 12 1958

Received FEB 6 1954
Laclede County Health Unit
File No. 2-54-24
FEB 8 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
Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.