

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14772

BIRTH NO.		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 3000	Registrar's No. 142
1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Schuyler		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSVILLE		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN LANCASTER	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Nursing Home		e. STREET ADDRESS (If rural, give location) 0900 1		
3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) A c. (Last) Roberts		4. DATE OF DEATH (Month) (Day) (Year) May 29 1954		
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 5 1880	9. AGE (In years last birthday) 73 If UNDER 1 YEAR: Months 7 Days 24 If UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm worker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Schuyler, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Chas. Roberts		13b. MOTHER'S MAIDEN NAME Jane Wallace	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓		16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME Avery J. Roberts ADDRESS Lancaster, Mo	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Anoxia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Toxicity & Asphyxiation DUE TO (c) Epidermoid Carcinoma OF PHARYNX II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 191X
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 1-14 , 19 54 , to 5-29 , 19 54 that I last saw the deceased alive on 5-29 , 19 54 , and that death occurred at 10:30 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Dwain Boone M.D.		23b. ADDRESS Kirkville Mo	23c. DATE SIGNED 5-30-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 31-54	24c. NAME OF CEMETERY OR CREMATORY I.O.F.	24d. LOCATION (City, town, or county) (State) Lancaster Mo	
DATE REC'D BY LOCAL REG. 5-31-54	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Morehead & Norman ADDRESS Lancaster Mo		

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 Minnie Morehead, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Minnie Morehead

Licensed Embalmer No. 368

P. O. Address Lancaster

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.