

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23951

State File No. ....

BIRTH NO. .... REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Texas</b> b. COUNTY <b>Denton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sanger (Rural) 42<sup>0</sup></b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Phelps County Memorial Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>Rural Route 8th St</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Robert</b>	b. (Middle) <b>A.</b>	c. (Last) <b>Genova</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7 - 14, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6-14-20</b>	9. AGE (In years last birthday) <b>34</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bell Aircraft Corp.</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Denton, Texas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Thomas A. Genova</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie Bert Whitmire</b>	14. NAME OF HUSBAND OR WIFE <b>Edna Genova</b>
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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) <b>Unknown</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Fannie B. Genova</b>	ADDRESS <b>Denton, Texas</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>48hr</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Basal skull fracture, concussion, &amp; multiple fractures of l. arm.</b>		
	ANTECEDENT CAUSES (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (c) <b>auto accident</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>auto</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 63</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Rolla Phelps 081 MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 12 541<sup>p</sup> m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Head-on auto collision</b>
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22. I hereby certify that I attended the deceased from 7-12, 1954, to 7-14, 1954, that I last saw the deceased alive on 7-14, 1954 and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. D. Stricker MD</b>	23b. ADDRESS <b>Rolla MO</b>	23c. DATE SIGNED <b>7-14-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 24 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Denton cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Denton, Texas</b>
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DATE REC'D BY LOCAL REG. <b>July 19, 1954</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	360	25. FUNERAL DIRECTOR'S SIGNATURE <b>Oral E. Liebknecht</b>	ADDRESS <b>St James, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number  
Date Filed JUL 26 1954

AUG 31 1954

AUG 19 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.....

*me*

working under my personal supervision.

Student Embalmer No.....

Signed *Oral E Licklider*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3546*

P. O. Address *St James 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.