

STANDARD CERTIFICATE OF DEATH

12660

FILED APR 27 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY OR TOWN <u>Hannibal</u>	c. LENGTH OF STAY (In this place) <u>12 hrs</u>	c. CITY OR TOWN <u>Frankford</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>		e. STREET ADDRESS (If rural, give location) <u>RR # 1 0821</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JUG E</u> b. (Middle) _____ c. (Last) <u>ROBERTS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APR 3 1955</u>
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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 30 1887</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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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>Frankford Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Roberts</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Ruedding</u>	14. NAME OF HUSBAND OR WIFE <u>Barbara 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>494-32-4493</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Avery Roberts</u>	ADDRESS <u>Hannibal Mo.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sister Terminal Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u> <u>3 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Polypoid carcinoma of stomach</u>		
	DUE TO (c) _____		
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) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>151X</u>
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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? _____
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22. I hereby certify that I attended the deceased from 12-3-52 to 4-3-55, 1955, that I last saw the deceased alive on 4-3-55, and that death occurred at 9:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____	23b. ADDRESS <u>100 N. Sixth, Hannibal, Mo.</u>	23c. DATE SIGNED <u>4-19-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 6 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Frankford Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-20-55</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Tucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>By W. C. Fisher</u>	ADDRESS <u>Files by Don Frankford Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED APR 26 1955  
MARION CO. HEALTH DEPT.  
DATE FILED APR 26 1955

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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 *Gene Fields Megaw*.....

Licensed Embalmer No. *409*.....

P. O. Address *Frankford*.....

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.