

FILED APR 20 1955

CERTIFICATE OF DEATH

State File No. 14495

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

BIRTH NO.		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6276		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY <b>Worth</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Minnesota</b> COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>rural - Worth Twp</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Minneapolis Minn.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>3/4 mile N. of Sheridan, Mo. on RR tracks</b>				e. STREET ADDRESS (If rural, give location) <b>2811 East 22nd St</b>			
3. NAME OF DECEASED (Type or Print) <b>Tony Lee Roberts</b>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <b>March 13, 1955</b>		5. SEX <b>m</b>		6. COLOR OR RACE <b>wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Mar 6, 1906</b>		9. AGE (in years last birthday) <b>49</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>7</b>		IF UNDER 24 HRS. Hours <b>1</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Meta, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13a. FATHER'S NAME <b>Joseph Eli Roberts</b>		13b. MOTHER'S MAIDEN NAME <b>Matilda Howard</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs Esther Roberts</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>peacetime</b>		16. SOCIAL SECURITY NO. <b>486-05-2624</b>		17. INFORMANT'S SIGNATURE OR NAME - ADDRESS <b>Sheriff Albert Maudlin, Grant City</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Skull fractures, frontal, deeply depressed; 2) compound comminuted fracture left femur almost amputated; 3) comminuted fractures, both humeri; 4) lacerations and contusions anterior chest wall and beneath rt axilla.</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>fractures, both humeri; 4) lacerations and contusions anterior chest wall and beneath rt axilla.</b> DUE TO (c) <b>beneath rt axilla.</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>E802X 35</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>rr tracks</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>3/4 mi. N. of Sheridan, Worth, Missouri</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>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>fell from freight train</b>					
22. I hereby certify that I attended the deceased from -----, 19--, to -----, 19--, that I last saw the deceased alive on -----, 19--, and that death occurred at <b>3 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Frank B. Matteson MD</b> (Degree or title) <b>Coroner</b>				23b. ADDRESS <b>Grant City, Mo</b>		23c. DATE SIGNED <b>3-14-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>March 15-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Minneapolis Minn.</b>		24d. LOCATION (City, town, or county) (State) <b>Minneapolis Minn.</b>	
DATE REC'D BY LOCAL REG. <b>4-13-1955</b>		REGISTRAR'S SIGNATURE <b>Peter E. Dawson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John Andrews</b>		ADDRESS <b>Grant City, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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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 John Andrews, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4211

P. O. Address Grant City

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.