

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21972**

BIRTH NO.		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (In this place) <u>4 hrs</u>		c. CITY OR TOWN <u>West Plains</u>		d. In 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>Christa Hagedorn</u>				e. STREET ADDRESS (If not, give location) <u>R.J.D. 0460</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jno. Edw. Roberts</u>			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>7-10-55</u>							
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>4-1-1918</u>	
9. AGE (In years) (Month) (Day) <u>37 3 7</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steel miller</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Batesford Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Sam Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>unk</u>		13c. NAME OF HUSBAND OR WIFE <u>Mable Roberts</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW 23486-243079</u>		16. SOCIAL SECURITY NO. <u>486-243079</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mable Roberts West Plains Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>gun shot wound of head 22 cal.</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>gun shot wound of head 22 cal.</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				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"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>West Plains Howell Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 10 1955 1:00 Pm.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>suicide</u>			
22. I hereby certify that I attended the deceased from <u>7-10 1955</u> , to <u>7-10 1955</u> , that I last saw the deceased alive on <u>7-10 1955</u> , and that death occurred at <u>5:10p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Callahan, M.D.</u> (Degree or title)				23b. ADDRESS <u>WEST PLAINS, MO.</u>		23c. DATE SIGNED <u>7-18-55</u>	
24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>al</u>		24b. DATE <u>7-15-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hagedorn</u>		24d. LOCATION (City, town, or county) (State) <u>Batesford Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-20-55</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		FURNERAL DIRECTOR'S SIGNATURE <u>R. Roberts</u>		ADDRESS <u>West Plains Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 14 1955

SEP 25 1955

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 *A. S. Roberts*

Licensed Embalmer No. *343*

P. O. Address *Wesley*

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.