

FILED AUG 9 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25153

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6278 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL (BRUSH CREEK)</u>	c. LENGTH OF STAY (In this place) <u>60</u>	c. CITY OR TOWN <u>HARTVILLE 1140</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) <u>RURAL 10mi NE Hartville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARVIN</u> b. (Middle) <u>ELIJAH</u> c. (Last) <u>McROBERTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-22-1955</u>		
5. SEX <u>M. ♀ W.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>3-28-1891</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>24</u>	
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. BIRTHPLACE (City and State or Foreign Country) <u>WRIGHT County MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>ELIJAH McROBERTS</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE AUSTIN</u>		14. NAME OF HUSBAND OR WIFE <u>VINA WILLARD McROBERTS</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Vina McRoberts - Hartville, Mo</u>	
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18. DATE 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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Occlusion.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c) <u>4201</u>		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)	
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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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 7-22-1955, and that death occurred at 7: P m., from the causes and on the date stated above.

23a. SIGNATURE <u>No doctor available</u> <u>E. O. Garner, Local Registrar</u>			23b. ADDRESS <u>Hartville</u>			23c. DATE SIGNED <u>8-3-55</u>		
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24a. BURIAL CREMATION REMOVAL (Specify) <u>RURAL</u>		24b. DATE <u>7-24-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>COON CREEK</u>		24d. LOCATION (City, town, or county) (State) <u>WRIGHT (Co) MO</u>			
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DATE REC'D BY LOCAL REG. <u>8-3-55</u>		REGISTRAR'S SIGNATURE <u>E. O. Garner 346</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Simpson Hartville Mo</u>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1140

County File Number 685-92  
Date Filed AUG 6 1958

OCT 31 1958

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 James W. Wain  
Licensed Embalmer No. 465

P. O. Address Springfield

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.