

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 16 1956

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 4254 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Knob Noster		c. LENGTH OF STAY (in this place) 12 yrs	c. CITY OR TOWN Knob Noster
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)		05110	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Marion c. (Last) Roberts			4. DATE OF DEATH (Month) (Day) (Year) April 5, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 4, 1894		9. AGE (In years last birthday) Months Days 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming & laborer		10b. KIND OF BUSINESS OR INDUSTRY Pipe line		11. BIRTHPLACE (City and State or Foreign Country) Knob Noster, Missouri	
13a. FATHER'S NAME U. S. Grant Roberts		13b. MOTHER'S MAIDEN NAME Mary Elmira Shaw		14. NAME OF HUSBAND OR WIFE Opal Kearn Roberts	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-32-9299		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Opal Roberts, Knob Noster, Mo.	
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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) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Just minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION ✓	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Knob Noster, Johnson, Mo	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from April 5, 1956, to April 5, 1956 that I last saw the deceased alive on April 5, 1956 and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE G. W. Gray, M.D.	(Degree or title)	23b. ADDRESS Knob Noster, Mo.	23c. DATE SIGNED April 7-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 7, 1956	24c. NAME OF CEMETERY OR CREMATORY Knob Noster Cemetery	24d. LOCATION (City, town, or county) (State) Knob Noster, Missouri
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DATE REC'D BY LOCAL REG. 4/7/56	REGISTRAR'S SIGNATURE Erma L. Beatty	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Raymond Baker, Knob Noster, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

19-0

1956

APR 9 1956

MAY 7 1956

RECEIVED
APR 9 1956
RECEIVED

JOHNSON COUNTY HEALTH DEPT

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 *W. Raymond Baker*

Licensed Embalmer No. *4616*

P. O. Address *Frank Nester*

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.