

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

State File No. **5486**

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5733		Registrar's No. 12		
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Indiana b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Walnut		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Green Castle		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION A. T. & S. F. RR				e. STREET ADDRESS (If rural, give location) R. R. 2				
3. NAME OF DECEASED (Type or Print) Abraham Roberts			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Feb. 15 1957		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 28, 1886		
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Green Castle, Ind.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jessie Roberts			13b. MOTHER'S MAIDEN NAME Eva Boswell			14. NAME OF HUSBAND OR WIFE Dec.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Eva Boswell ADDRESS Green Castle, Ind.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull w/ Concussion					Inst	
		ANTECEDENT CAUSES						
		DUE TO (b) Falling off Train						
		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 802x					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) R. R. Tracks		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Walnut Township Macon Mo.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 15 1957 1:26		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell of Train				
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 26 A. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Lester Hillman - Coroner				23b. ADDRESS Macon, Missouri		23c. DATE SIGNED 2/16/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 18 57		24c. NAME OF CEMETERY OR CREMATORY Forrest Hill Cem.		24d. LOCATION (City, town, or county) (State) Green Castle Ind.		
DATE REC'D BY LOCAL REG. 2/16/57		REGISTRAR'S SIGNATURE Keith M Neely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. McCollum - South Giffard				

(Licensed Embalmer's Statement on Reverse Side)

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

185

County File No. 2311
Date Filed 2.21.57

1 APR 1 1957

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: *Clyde McCollum*
Licensed Embalmer No. 3226

P. O. Address: *South Jeff*

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.