

FILED APR 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **8167**

No. 300

No. 48

BIRTH NO. _____		REG. DIST. NO. <b>109</b>		PRIMARY REG. DIST. NO. <b>4180</b>		Registrar's No. <b>135</b>	
1. PLACE OF DEATH a. COUNTY <b>DUNKLIN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>DUNKLIN</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Campbell</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Campbell</b>		d. STREET ADDRESS (If rural, give location) <b>Rt # 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Res</b>				d. STREET ADDRESS (If rural, give location) <b>Rt # 1</b>			
3. NAME OF DECEASED (Type or Print) <b>A Dolph Lorenz Roberts</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 - 8 - 57</b>				
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>8-15-1902</b>	
9. AGE (In years last birthday) <b>54</b>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>TENN</b>	
10a.		10b.		11.		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Wesley Ira Roberts</b>			13b. MOTHER'S MAIDEN NAME <b>FRANCIS Cabbard</b>			14. NAME OF HUSBAND OR WIFE <b>GRACE Roberts</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs Grace Roberts Campbell</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>Schmorl's TB.</b> INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b> ANTECEDENT CAUSES Morbidity 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		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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)			
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?			
22. I hereby certify that I attended the deceased from <b>March 1, 1956</b> , to <b>March 8, 1957</b> , that I last saw the deceased alive on <b>March 4, 1957</b> , and that death occurred at <b>7 A.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>S. Carlton Do</b>				23b. ADDRESS <b>Madison Mo</b>		23c. DATE SIGNED <b>March 15/57</b>	
24a. BURIAL - CREMATION, REMOVAL (Specify)		24b. DATE <b>3-10-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmer Cemetery Campbell, Mo - Rt</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>3-18-57</b>		REGISTRAR'S SIGNATURE <b>Mrs Dora Campbell</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Gregg Funeral Home</b>			

(Licensed Embalmer's Statement on Reverse Side) **Bill by Dancer**

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

92. 0

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT.....3-28-57.....

COUNTY FILE NUMBER.....357-97.....

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.....

*Don [Signature]*  
.....  
working under my personal supervision.

Student Embalmer No.....

Signed *Jesse B. [Signature]*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *5330*.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.