

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 29 1957

State File No. **14126**

BIRTH NO.		REG. DIST. NO. 264	PRIMARY REG. DIST. NO. 4394	Registrar's No. 16
1. PLACE OF DEATH a. COUNTY OSARK		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSARK		
b. CITY (If outside corporate limits, write RURAL and give township) TOWN CAULFIELD,		c. LENGTH OF STAY (in this place) 82 YRS.	c. CITY OR TOWN CAULFIELD,	d. Is 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 X		e. STREET ADDRESS (If rural, give location) R F D 0770		
3. NAME OF DECEASED (Type or Print) JOHN MITCHELL ROBERTS			4. DATE OF DEATH (Month) (Day) (Year) 4-21-57	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1-13-1869	9. AGE (In years last birthday) Months Days 88 3 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) MT. VERNON, KY.	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME JAS. ROBERTS		13b. MOTHER'S MAIDEN NAME UNKN		14. NAME OF HUSBAND OR WIFE CAMILLIA ROBERTS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS BURL ROBERTS, CUREALL, MO
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) Coronary Occlusion Chronic Kidney Ailment 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.		INTERVAL BETWEEN ONSET AND DEATH about 3 hours
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
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) 4201
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:35A.m. , from the causes and on the date stated above.				
23a. SIGNATURE Thara Mahan		23b. ADDRESS C.R. Gainesville, Mo.		23c. DATE SIGNED 4-27-57
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 4-23-57		24c. NAME OF CEMETERY OR CREMATORY BAPTIST HILL
DATE REC'D BY LOCAL REG. 4-27-57		REGISTRAR'S SIGNATURE Thara Mahan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROBERTSONS, WEST PLAINS, MO

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

461-6

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 *J. S. Roberts*

Licensed Embalmer No. *303*.....

P. O. Address *West Plains*.....

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.