

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 10 1957

57-022290
STATE FILE NUMBER

Registration District No. 314 Primary Registration District No. 3059 Registrar's No. 208

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) d. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Bonne Terre</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>2nd River</u> 0942 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION <u>Bonne Terre</u> <u>from 4-25-57</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm <u>311 1st</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Mr. Andrew Jake Roberts</u> First Middle Last			4. DATE OF DEATH <u>June 29-1957</u> Month Day Year			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White-Cauc</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 28-1898</u>	9. AGE (In years last birthday) <u>58-9-1</u>	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) <u>machinist (not working)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fred J. Sevin Mfg</u>		11. BIRTHPLACE (City and state or country) <u>Shubley Arkansas Van Buren Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Mr. Charles Roberts</u>			14. MOTHER'S MAIDEN NAME <u>Miss Alva Sheel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>432-34-3958</u>		17. INFORMANT Address <u>Mr. Ricard Roberts (son) 314 Heckman St. Bonne Terre Mo.</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Multiple rib fractures</u>		<u>7 days</u>
DUE TO (c) _____		
PART-II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <u>Diabetes mellitus</u>		

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Was in car wreck</u>	
20c. TIME OF INJURY Hour, Month, Day, Year a. m. <u>8-22-57</u> p. m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Road</u>	20f. CITY, TOWN, OR LOCATION <u>Desloge</u>	094 COUNTY <u>St. Francois</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>6-22-57</u> to <u>6-29-57</u> and last saw <u>him</u> alive on <u>6-29-57</u> Death occurred at <u>8:55 P.M. June 29-1957</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>Donald W. Taylor</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>33 N. Allen Bonne Terre, Mo.</u>		22c. DATE SIGNED <u>7-2-57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>July 2-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Bonne Terre (Route 1): Mo.</u>
24. FUNERAL DIRECTOR <u>Alvin W. Hood</u>	ADDRESS <u>303 Central Ave. Bonne Terre Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 2, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Catherine Rudloff</u>

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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 *Alvin W. Howard*

Licensed Embalmer No. *278*
303 Crane St.
P. O. Address *Flat River,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.