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FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 27 4 92
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 323

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone Co. Hospital			Length of stay in lb Lifetime		d. STREET ADDRESS 621 1/2 N. 7th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) FRANK FLOYD ROBERTS				4. DATE OF DEATH Month Day Year Sept. 6, 1957			
5. SEX Male	6. COLOR OR RACE White.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11-5-1893	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Circuit Court Clerk			10b. KIND OF BUSINESS OR INDUSTRY Circuit Ct. Clerk	11. BIRTHPLACE (City and state or country) Boone County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Calvin Roberts				14. MOTHER'S MAIDEN NAME Sally Berry			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. L		17. INFORMANT Address Mrs. Frank Floyd Roberts, Columbia, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RUPTURE OF DISSECTING ANEURYSM OF ABDOMINAL AORTA						INTERVAL BETWEEN ONSET AND DEATH 10 Hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____ DUE TO (c) _____ 451X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) HOMOGRAFT OF ABD. AORTA - 14 months						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) COX		20f. CITY, TOWN, OR LOCATION Columbia		STATE Missouri	
21. I attended the deceased from 1953 to 9-6-1957 and last saw him alive on 9-6-57 Death occurred at 420 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE JOHN H. WALTERS Columbia, Mo.				22b. ADDRESS 22 N 8th COLUMBIA, MO		22c. DATE SIGNED 9-6-1957	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-8-1957	23c. NAME OF CEMETERY OR CREMATORY Red Top Cemetery		23d. LOCATION (City, town, or county) (State) Boone County, Missouri		
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.			25. DATE RECD. BY LOCAL REG. Sept. 7 1957		26. REGISTRAR'S SIGNATURE Mrs R E Palmer		

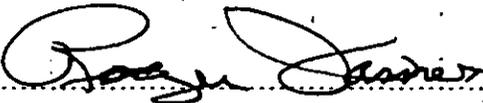
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SEP 18 1957

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 

Licensed Embalmer No. 544

P. O. Address Columbia

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.