

FILED NOV 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41755  
STATE FILE NUMBER 10965

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

|  |                           |   |  |   |  |
|--|---------------------------|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                           |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)        |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN<br>ST. LOUIS   |                           |   | c. CITY OR TOWN<br>Pine Bluff  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br>25 CITY HOSPITAL   |                           | Length of stay in lb<br>DOA   | d. STREET ADDRESS<br>33 (If outside, give location)  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>           |
| 3. NAME OF DECEASED (Type or print)<br>ROBERT<br>First<br>LESTER<br>Middle<br>BLACK.<br>Last   |                           |   | 4. DATE OF DEATH<br>Nov. 15, 1957<br>Month Day Year  |   |  |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>March 26, 1900   | 9. AGE (In years last birthday)<br>57                   | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>custodian - Scruggs   |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>-Vandervoort   | 11. BIRTHPLACE (City and state or country)<br>Arkansas                                       |   | 12. CITIZEN OF WHAT COUNTRY?<br>USA  |
| 13. FATHER'S NAME<br>unk   |                           |   | 14. MOTHER'S MAIDEN NAME<br>unk  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)<br>yes W.W.II   |                           | 16. SOCIAL SECURITY NO.<br>430-10-5171  | 17. INFORMANT<br>Mrs. Viola Black; Pine Bluff, Arkansas<br>Address                           |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Labor Pneumonia</i><br>DUE TO (b) <i>Cirrhosis of Liver</i><br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) |                           |   |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| 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<br>Hour a. m. p. m.<br>Month, Day, Year  |                           |   |  |   |  |
| 20d. INJURY OCCURRED<br>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.)   | 20f. CITY, TOWN, OR LOCATION<br>Pine Bluff   |   | COUNTY<br>Arkansas   |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____<br>Death occurred at 925A m on the date stated above; and to the best of my knowledge, from the causes stated.  |                           |   |  |   |  |
| 22a. SIGNATURE<br><i>James M. Kelly</i><br>(Name or title)   |                           | 22b. ADDRESS<br>1300 Clark  |  | 22c. DATE SIGNED<br>11-16-57                            |  |
| 23a. BURIAL, CREMATION, REMOVAL<br>REMOVAL   |                           | 23b. DATE<br>11-16-1957   | 23c. NAME OF CEMETERY OR CREMATORY<br>local  |   | 23d. LOCATION (City, town, or county) (State)<br>Pine Bluff, Arkansas                |
| 24. FUNERAL DIRECTOR<br>C.R. Lupton & Sons; 7233 Delmar Blvd   |                           | 25. DATE RECD. BY LOCAL REG.<br>NOV 16 '57  |  | 26. REGISTRAR'S SIGNATURE<br><i>J. Carl Smith, M.D.</i> |  |

AUG 13 1958

JAN 23 1958

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 *Arnold W. Schoene*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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.