

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006737

STATE FILE NUMBER

FILED MAR 7 - 1958

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>mo</b> b. COUNTY <b>Phelps</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. James</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>ST. James</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Soldiers Home</b>		Length of stay in lb <b>11 yrs</b>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>Blond J. Roberson</b>				4. DATE OF DEATH Month <b>Feb.</b> Day <b>21</b> Year <b>58</b>				
5. SEX <b>male</b>		6. COLOR, OR RACE <b>white</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>May 29<sup>th</sup> - 1896</b>		
9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>21</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (City and state or country) <b>Phelps Co., Mo.</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>								
13. FATHER'S NAME <b>Chas. Roberson</b>				14. MOTHER'S MAIDEN NAME <b>Luanna Mizell</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes World War I</b>		16. SOCIAL SECURITY NO. <b>554109-1346</b>		17. INFORMANT Address <b>James Roberson - (Bro) ST. Louis, Mo</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> <b>Arteriosclerosis</b> <b>Parkinsons Disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b></b> DUE TO (c) <b></b>							INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b> <b>2</b> <b>2</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>331X</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <b></b> Month, Day, Year a. m. <b></b> p. m. <b></b>								
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.)		20f. CITY, TOWN, OR LOCATION			COUNTY	STATE
21. I attended the deceased from <b>August 14-54</b> to <b>February 21-58</b> and last saw him alive on <b>2-20-58</b> Death occurred at <b>3:50 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Josef Grosskreutz M.D.</b>				22b. ADDRESS <b>St. James, Mo</b>		22c. DATE SIGNED <b>2/23-58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-24-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>High Gate Cem</b>		23d. LOCATION (City, town, or county) (State) <b>High Gate, Mo.</b>		
24. FUNERAL DIRECTOR <b>Dr. F. Licklider - St. James, Mo</b>			25. DATE RECD. BY LOCAL REG. <b>Feb. 27, 1958</b>		26. REGISTRAR'S SIGNATURE <b>Rueh B. Powell</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

Phelps County Health Officer,

County File Number 977

Date Filed 3-5-62

REC'D  
MAY 1962

MAR 7 1962

MAR 14 1962

JUN 8 1962

JUL 25 1962  
APR 4 1962

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 me, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Orval E. Lickliter

Licensed Embalmer No. 35

P. O. Address St. James

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.