

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026559
STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 282 Primary Registration District No. 5979 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY POLK		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY POLK	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EAST LOONEY TWP.		c. CITY OR TOWN MORRISVILLE RR 1 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 1/2 Mile S. Brighton Hwy 13		d. STREET ADDRESS (If outside, give location) 2 Mile West Brighton Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last FLORA REBECCA ROBERSON			4. DATE OF DEATH Month Day Year JULY 25, 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 9, 1883
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Tennessee
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY House work	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William N. Beckham		13b. MOTHER'S MAIDEN NAME Elizabeth Downing	14. NAME OF HUSBAND OR WIFE J.W.F. Roberson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Lois Erwin, R.1, Morrisville, 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) Crushing body injuries DUE TO (b) Compound fracture of both legs DUE TO (c) & arms & internal injuries 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 sudden
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.) Hit by a car	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 084		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.) Highway 13		20f. CITY, TOWN, OR LOCATION COUNTY STATE Polk Co. Mo.	
21. I attended the deceased from Viewed to Viewed and last saw her alive on Viewed Death occurred at 8:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Edmund Pitts - coroner 3 Polk Co.		22b. ADDRESS Bolivar, Mo.	
22c. DATE SIGNED July 28 - 58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 27, 1958	
23c. NAME OF CEMETERY OR CREMATORY Brighton Cemetery		23d. LOCATION (City, town, or county) (State) Brighton, Mo.	
24. FUNERAL DIRECTOR ADDRESS Erwin Funeral Home & Bolivar, Mo.		25. DATE RECD. BY LOCAL REG. Aug 1, 1958	
26. REGISTRAR'S SIGNATURE Ralph Gorden per Jewell Bond			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

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 Marshall C. Black

Licensed Embalmer No. 4713
P. O. Address Balwin, N.Y.

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.