

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026601  
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 294 Primary Registration District No. 2056 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <del>Missouri</del> b. COUNTY <b>Cook</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY <b>Illinois</b> OR TOWN <b>Chicago</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>1013 S. Williams</b> Length of stay in lb <b>1 wk</b>		d. STREET ADDRESS <b>304 N. Lake Ave</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Edward</b> Middle <b>Cleo</b> Last <b>Roberts</b>		4. DATE OF DEATH Month <b>7</b> Day <b>12</b> Year <b>58</b>	
5. SEX <b>male</b> <input type="radio"/>	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>3/24/1907</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>roofing carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>51</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) <b>Howard County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Frank Roberts</b>		14. MOTHER'S MAIDEN NAME <b>Eulah Daugherty</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>498-05-6835</b>	17. INFORMANT <b>E.C. Roberts, Jr.</b> Address <b>Columbia, 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>Death due apparently to natural causes - Doctor who saw him after death &amp; officer who viewed body believe coronary attack caused death</b> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERRIL DISEASE CONDITION GIVEN IN PART I(a) <b>4201</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4</b>
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Frank W. Case Local Registrar Moberly Mo.</b> (Degree or title)		22b. ADDRESS	22c. DATE SIGNED <b>7/14/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7/14/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Hope Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>South of Higbee Mo.</b>
24. FUNERAL DIRECTOR <b>Marion E. Million</b> ADDRESS <b>Moberly, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7/21/58</b>	26. REGISTRAR'S SIGNATURE <b>Thomas C. Durdon</b>

Health, & Welfare Public Service 883  
300 1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Marion E. Millien*

Licensed Embalmer No. *395*

P. O. Address *Moberly*

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.