

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047020

STATE FILE NUMBER

FILED JAN 13 1959

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 5

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Vernon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township | | c. CITY OR TOWN Neosho | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #3 | | d. STREET ADDRESS (If outside, give location) 116 West Brook | |
| 3. NAME OF DECEASED (Type or print) First George Middle William Last Roberts | | 4. DATE OF DEATH Month Dec. Day 17 Year 1958 | |
| 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 May 4, 1868 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY Farm Machinery | 11. BIRTHPLACE (City and state or country) Rocky Comfort, Missouri |
| 13a. FATHER'S NAME Alex M. Roberts | | 13b. MOTHER'S MAIDEN NAME Mary Moore | 14. NAME OF HUSBAND OR WIFE Lillie Roberts |
| 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 Records-State Hospital #3, Nevada, 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) Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200 | | | INTERVAL BETWEEN ONSET AND DEATH Years Years |
| 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 <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK | | 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 12-31-56 to 12-17-58 and last saw ^{him} alive on 12-17-58 Death occurred at 6:38 a. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>George Esker M.D.</i> | | 22b. ADDRESS State Hospital No. 3 Nevada, Missouri | |
| | | 22c. DATE SIGNED 12-17-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12-19-58 | |
| 23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery | | 23d. LOCATION (City, town, or county) (State) Neosho, Missouri | |
| 24. FUNERAL DIRECTOR Clark Funeral Home Neosho, Mo. | | 25. DATE RECD. BY LOCAL REG. 1-10-1959 | |
| | | 26. REGISTRAR'S SIGNATURE <i>Anna E. Jervis</i> | |

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 *L. August Derry*

Licensed Embalmer No. *4960*

P. O. Address *M. ...*

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.