

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000218  
STATE FILE NUMBER

JAN 12 1959

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 6

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Boone</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Harrisburg</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Boone C. Hospital</b>		Length of stay in 1b <b>9 hrs.</b>	d. STREET ADDRESS (If outside, give location) <b>Perche Township</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Bobby</b> Middle <b>Joe</b> Last <b>Roberts</b>			4. DATE OF DEATH Month <b>1</b> Day <b>2</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <b>3</b> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 19, 1930</b>		9. AGE (In years as of birthday) <b>28</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (City and state or country) <b>Harrisburg, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Jake Roberts</b>		
13b. MOTHER'S MAIDEN NAME <b>Elsie Gillum</b>			14. NAME OF HUSBAND OR WIFE <b>Divorced</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Korean War</b>		16. SOCIAL SECURITY NO. <b>486-30-9816</b>		17. INFORMANT Address <b>Mrs. Jake Roberts Harrisburg, 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>He morrhage, intraabdominal massive</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Laceration of liver, pancreas and splenic artery and vein</b>					<b>9 1/2 hours</b>
DUE TO (c) <b>Gunshot wound, .22 caliber 9195</b>					<b>9 1/2 hours</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? <b>1</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) <b>Deceased was struck in abdomen when a .22 caliber</b>		
20c. TIME OF INJURY Hour <b>10 30</b> Month, Day, Year <b>Jan. 1, 1959</b>			<b>bullet, held by a companion, a accidentally discharged</b>		
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.) <b>at street</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Columbia Boone Missouri</b>	
21. I attended the deceased from <b>Coroner's Case</b> and last saw her/him alive on <b>7 56</b> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Vincent P Perne M.D.</b>			22b. ADDRESS <b>University of Missouri</b>		22c. DATE SIGNED <b>Jan. 2, 1959</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1/4/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Harrisburg Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Boone County, Mo.</b>		24. FUNERAL DIRECTOR <b>Lyman Sprinkle</b>		25. DATE RECD. BY LOCAL REG. <b>Jan 4 1959</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Columbia, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Mrs A E Palmer</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 22

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 *Harry D. Leann* .....

Licensed Embalmer No. *425* .....  
P. O. Address *Calumet* .....

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.