

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002524

State File No.

FILED FEB 9 1959

BIRTH NO. _____ REG. DIST. NO. 390 PRIMARY REG. DIST. NO. 4447 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Randolph Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Higbee</u>	c. LENGTH OF STAY (In this place) <u>20 years</u>	c. CITY OR TOWN <u>Higbee 0880</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>		e. STREET ADDRESS (If rural, give location) <u>in town</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>ROBERTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-2-59</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-29-1883</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>28</u> Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal mines</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Daniel Wesley Roberts</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Ann White</u>	14. NAME OF HUSBAND OR WIFE <u>Louise Roberts</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louise Roberts</u> ADDRESS <u>Higbee Mo</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>Acute & Chronic Coronary Thrombosis</u>			<u>6 wks</u>
DUE TO (c) <u>Advanced Arteriosclerosis</u>			<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-9-, 1959, to 2-2, 1959, that I last saw the deceased alive on 2-2-, 1959, and that death occurred at 6:37 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Des M. Robinson, D.D.</u>		23b. ADDRESS <u>Higbee Mo</u>	23c. DATE SIGNED <u>2-4-59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-5-1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Higbee City Cent</u>	24d. LOCATION (City, town, or county) (State) <u>North of Higbee Mo</u>
DATE REC'D BY LOCAL REG. <u>2-5-59</u>	REGISTRAR'S SIGNATURE <u>John W. Burton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Robinson</u> ADDRESS <u>Higbee Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *H. S. Robinson*.....

Licensed Embalmer No. *300*.....

P. O. Address *Higley*.....

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.