

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010445
STATE FILE NUMBER

FILED APR 8 1959

Registration District No. 275 Primary Registration District No. 3054 Registrar's No. 47

300
1-57

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LOUISIANA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>LOUISIANA</u> 0820
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PIKE CO HOSP.</u>		Length of stay in 1b <u>2 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>R. F. D # 2</u>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN H ROBERTS</u>			4. DATE OF DEATH Month Day Year <u>APRIL 2 1959</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 11, 1884</u>		9. AGE (In years last birthday) <u>75</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	11. BIRTHPLACE (City and state or country) <u>Pike, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>George H. ROBERTS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY LOUE</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>W. T. ROBERTS, LOUISIANA MO</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>ITEM 25 CORRECTED</u>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			BY AFFIDAVIT OF <u>Registrar</u> 5-6-59		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 <u>Mar. 29 1959</u> to <u>Apr. 1, 1959</u> and last saw him alive on <u>Apr. 1, 1959</u> Death occurred at <u>3:35 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <u>E. P. Hansen</u>		(Degree or title) <u>D.O. 2</u>		22b. ADDRESS <u>Frankford Mo.</u>		22c. DATE SIGNED <u>4/2/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>April 3, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>River View</u>		23d. LOCATION (City, town, or county) (State) <u>Louisiana Mo.</u>	

24. FUNERAL DIRECTOR <u>Stemmer & Son</u>		ADDRESS <u>Louisiana Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Apr 6 1959</u>		26. REGISTRAR'S SIGNATURE <u>Hernee Collier</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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.

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 *J. B. Sterne*

Licensed Embalmer No. *4039*

P. O. Address *Louisiana*

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.