

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022004

STATE FILE NUMBER

FILED JUN 29 1959 Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Knob Noster	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION Rt 1, Knob Noster, Mo		Length of stay in 1b 0		d. STREET ADDRESS (If outside, give location) West McPherson	
3. NAME OF DECEASED (Type or print) First James Middle E Last Roberts			4. DATE OF DEATH Month June Day 15 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7 January 1956		9. AGE (In years last birthday) 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Charleston, South Carolina	
13. FATHER'S NAME Lloyd E Roberts			14. MOTHER'S MAIDEN NAME Marilyn J Converse		
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.		17. INFORMANT Lloyd E Roberts Address Knob Noster, 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) Brain Destroyed and Blood Loss					INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Crushed Cranium and Avulsion of Right Leg					Instant
DUE TO (c) Accidentally Ran over by tractor					Instant
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 46					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) Father was working with a tractor in a field off state road FF and child ran in front of the tractor and was hit by the right front and left rear wheels.		
20c. TIME OF INJURY Hour 6:10 P. M. Month, Day, Year Jun 15 59			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Farm		
20e. CITY, TOWN, OR LOCATION Knob Noster			20f. COUNTY STATE Johnson Missouri		
21. I, <u>Earl P Battle</u> , the deceased, died at <u>6:25 P.M.</u> on <u>June 15, 1959</u> at <u>Knob Noster, Missouri</u> . Death occurred at <u>6:10 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Earl P Battle</u> (Degree or title) EARL P BATTLE CAPT., USAF (MC)			22b. ADDRESS USAF Hospital Whiteman AF Base, Missouri		22c. DATE SIGNED Jun 15, 59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-18-59	23c. NAME OF CEMETERY OR CREMATORY Knob Noster Cemetery		23d. LOCATION (City, town, or county) (State) Knob Noster, Missouri
24. FUNERAL DIRECTOR The Brauningers, Warrensburg, Missouri			25. DATE RECD. BY LOCAL REG. 6/22/59	26. REGISTRAR'S SIGNATURE Erma L. Beatty	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare  
Public Health Service

S. 300  
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Securing the medical certification in the specific manner required by 193.140 MOKS 1949.

149

JUN 30 1959

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 *Jimmy S. Hucherson*

Licensed Embalmer No. *409*

P. O. Address *Warrington, Va.*

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.