

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028675

FILED VS. SEP 8 1959

Registration District No. 118 Primary Registration District No. 5439 Registrar's No. 23 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Canaan</u>		Length of stay in lb <u>1 yr.</u>		c. CITY OR TOWN <u>Canaan</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>His home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Raymond</u> Middle <u>Ralph</u> Last <u>Roberson</u>				4. DATE OF DEATH <u>August 27, 1959</u> Month <u>August</u> Day <u>27</u> Year <u>1959</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>March 11, 1911</u>	9. AGE (last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>factory employee</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>wrought iron</u>		11. BIRTHPLACE (City and state or country) <u>Canaan, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Samuel Roberson</u>			13b. MOTHER'S MAIDEN NAME <u>Lizzie Paasch</u>			14. NAME OF HUSBAND OR WIFE <u>Ruby Sterling Roberson</u>	
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>497-03-8756</u>		17. INFORMANT Address <u>Samuel Roberson Canaan, 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>GUNSHOT WOUND IN CHEST</u>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>SELF INFLICTED IN</u>							
DUE TO (c) <u>OWN HOME</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 <u>7:00 p.m.</u>	Month, Day, Year <u>8-27-59</u>						
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Nego H. Blum</u> (Degree or title) <u>CORONER</u>				22b. ADDRESS <u>HERMANN Mo</u>		22c. DATE SIGNED <u>8-27-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>8-30-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>near Owensville, Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Gottenstroeter F. Home Owensville,</u>				25. DATE RECD. BY LOCAL REG. <u>Aug 29, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Marvin Jappmeyer</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Melford H H Wister

(Licensed Embalmer's Statement on Reverse Side)

