DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 19 1959

59-035750
STATE FILE NUMBER

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 21

MENDED

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MERAMEC SULLIVAN — Length of stay in 1b INSTANT
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) R.R.2 - HI-WAY 66 — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS b. COUNTY MOLTRIE
c. CITY OR TOWN GAYS — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.R.T — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First MELISSA Middle EDITH Last ROBY
4. DATE OF DEATH Month OCT. Day 7 Year 1959
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH DEC. 18, 1882
9. AGE (last birthday) 76 — IF UNDER 1 YEAR Months 9 Days 19 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) SHELBY CO., ILL.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME HENRY LANGSTON
13b. MOTHER'S MAIDEN NAME NANCY ARMONTROUT
14. NAME OF HUSBAND OR WIFE ORVAL ROBY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. NONE
17. INFORMANT HAROLD ROBY Address GAYS, ILL.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple fractures skull
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) with lacerations brain —
DUE TO (c) Fractures rib cage with instant
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) lacerations lung

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Subject was in auto which ran off highway hitting obstacles
20c. TIME OF INJURY 11:30 Hour a.m. pm. Month, Day, Year 10/7/59
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 66 Near Sullivan
20f. CITY, TOWN, OR LOCATION COUNTY STATE Franklin Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 11:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D. Coroner
22b. ADDRESS Union Mo
22c. DATE SIGNED 10/7/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE OCT. 10, 1959
23c. NAME OF CEMETERY OR CREMATORY BRANCHSIDE CEM.
23d. LOCATION (City, town, or county) (State) GAYS, ILL.
24. FUNERAL DIRECTOR BENJ. W. LOVINS, ADDRESS WINDSOR, ILL.
25. DATE RECD. BY LOCAL REG. 10-10-59
26. REGISTRAR'S SIGNATURE Thomas A. Humphrey

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 13 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 Jamison Jr. Eaton

Licensed Embalmer No. 5066

P. O. Address Lithia, Tn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.