URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009515

STATE FILE NUMBER

FILED VS MAR 2 1960

Registration District No. 3 Primary Registration District No. 336 Registrar's No.

NDED

1. PLACE OF DEATH
a. COUNTY Shannon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hartshorn — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Shannon
c. CITY OR TOWN Hartshorn — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route # 4 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Floyd Middle M. Last Roberts

4. DATE OF DEATH Month February Day 12, Year 1960

5. SEX M

6. COLOR OR RACE W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 2/21/1900

9. AGE (last birthday) 59 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Avery, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George D. Roberts

13b. MOTHER'S MAIDEN NAME Martha Ann Buagh

14. NAME OF HUSBAND OR WIFE Anna E. Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 545-01-8638

17. INFORMANT Anna E. Roberts Address Hartshorn, Mo. Rt#4

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) NATURAL CAUSES PROBABLE

DUE TO (b) CORONARY THRMBOSIS

DUE TO (c) Coroner of Shannon CO Frank Jones

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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) Notified)

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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 6:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank Jones Coroner

22b. ADDRESS Eminence Mo.

22c. DATE SIGNED 2-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2/15/60

23c. NAME OF CEMETERY OR CREMATORY Antiock Cemtery

23d. LOCATION (City, town, or county) (State) Summersville, Missouri

24. FUNERAL DIRECTOR ADDRESS Duncan Funeral Home Mtn. View, Mo.

25. DATE RECD. BY LOCAL REG. Feb 29, 1960

26. REGISTRAR'S SIGNATURE Mabel Rollins

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 24 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Richard A. Morlo

Signature of Student Embalmer

Licensed Embalmer No. 502

P. O. Address Mtn Vaci

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