URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010236

STATE FILE NUMBER

FILED VS MAR 23 1960

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 66

ENDED

1. PLACE OF DEATH
a. COUNTY CASS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Camp Branch Twp — Length of stay in 1b 1 yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smiles E. Harrisonville — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cass
c. CITY OR TOWN Harrisonville — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Luther Middle Wayne Last Roberts

4. DATE OF DEATH Month Day Year 3-14-1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6-19-1948
9. AGE (last birthday) 11 — 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) Student
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Viola Arkansas
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME J.R. Roberts
13b. MOTHER'S MAIDEN NAME Slusta Marjorie Haney
14. NAME OF HUSBAND OR WIFE None

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. No
17. INFORMANT J.R. Roberts Rt 1 Address Harrisonville, 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) Cerebral trauma — INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) gunshot wound
DUE TO (c)
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. ☐ 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.) Gunshot wound
20c. TIME OF INJURY Hour 5:50 p.m. Month, Day, Year 3 14 60
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.) Farm
20f. CITY, TOWN, OR LOCATION Camp Branch Township RR# II Harrisonville COUNTY Cass STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 5:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert C Phillips D.C. (Degree or title) Cass County coroner
22b. ADDRESS 3025 Independence St. Harrisonville, Mo.
22c. DATE SIGNED 3/16/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-17-1960
23c. NAME OF CEMETERY OR CREMATORY Strasburg Cemetery
23d. LOCATION (City, town, or county) (State) Strasburg, Missouri

24. FUNERAL DIRECTOR Brownfield-Stanley ADDRESS Pleasant Hill, Mo.
25. DATE RECD. BY LOCAL REG. Mar. 16-1960
26. REGISTRAR'S SIGNATURE Mrs Ray Sebree

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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 Robert Atkinson

Signature of Student Embalmer

Licensed Embalmer No. 4902

P. O. Address Summerville

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.