

# R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## =60-018922

FILED VS JUN 15 1960

105

Registration District No. \_\_\_\_\_ Primary Registration District No. 4179

Registrar's No. 7

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clarkton</b>		Length of stay in 1b <b>8 yrs.</b>	c. CITY OR TOWN <b>Clarkton</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>RFD #1</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>THOMAS JEFFERSON ROBERSON</b>			4. DATE OF DEATH Month Day Year <b>June 2 1960</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 16, 1906</b>	9. AGE (last birthday) <b>53</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Shirley, Arkansas</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>George W. Roberson</b>	13b. MOTHER'S MAIDEN NAME <b>Virginia Gibbons</b>	14. NAME OF HUSBAND OR WIFE <b>Rena Roberson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>429-20-5209</b>	17. INFORMANT <b>Rena Roberson, Clarkton, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: <b>Accidental Electrocution</b>		INTERVAL BETWEEN DEATH
IMMEDIATE CAUSE (a)		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	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. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown
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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.) <b>While riding a tractor came in contact with High Line REA.</b>
20c. TIME OF <b>3:00</b> Hour p.m. Month, Day, Year <b>June 2, 1960.</b>		

20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>	20f. CITY, TOWN, OR LOCATION <b>Near P.D. Airport, Dunklin</b>	COUNTY <b>Mo.</b>	STATE
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **3:00 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Quinton Tarver, M.D., Coroner</b>	22b. ADDRESS <b>Kennett, Mo.</b>	22c. DATE SIGNED <b>6-6-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 6, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Weaver Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Shirley Arkansas</b>
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24. FUNERAL DIRECTOR <b>Landess Funeral Home, Campbell, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6-9-60</b>	26. REGISTRAR'S SIGNATURE <b>J. E. Schaeffer</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 31 1960

VS JAN 31 1961

**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 \_\_\_\_\_

Signature of Student Embalmer

Signed

*Charles D. Fenton*

Licensed Embalmer No. 5107

P. O. Address Tomphell

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.