

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JUN 6 1960

=60-019202

STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette		Length of stay in lb 15 months	c. CITY OR TOWN Moberly Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shields Boarding Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 803 Bertley St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First J.W. Middle Franklin Last Roberts			4. DATE OF DEATH Month May Day 30 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 4, 1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 7 Days 5	IF UNDER 24 HR Hours 15 Min. 00	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Howard Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Thomas Roberts			13b. MOTHER'S MAIDEN NAME Mallie Boone		14. NAME OF HUSBAND OR WIFE Eulah Roberts		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Robert Roberts Address Moberly, 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) Acute Cardiac failure Cerebral Remorhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 4 days 15 mo.	
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 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 Hour 2:30 a.m. A. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input 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.)	
20f. CITY, TOWN, OR LOCATION Fayette, Missouri		COUNTY		STATE	

21. I attended the deceased from **Feb 23, 1959** to **May 30, 1960** and last saw him alive on **May 29, 1960**
 Death occurred at **2:30 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm G. Shaw (Degree or title) M.D.	22b. ADDRESS Fayette, Missouri	22c. DATE SIGNED 6-3-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/1/60	23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	23d. LOCATION (City, town, or county) (State) S. of Higbee, Missouri
24. FUNERAL DIRECTOR Marion E. Million ADDRESS Moberly, Mo.		25. DATE RECD. BY LOCAL REG. 6-3-60	26. REGISTRAR'S SIGNATURE Katherine Welch

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Marion E. Miller

Licensed Embalmer No. 395
P. O. Address Modesto

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