

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011863
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 795 Primary Registration District No. _____ Registrar's No. 18-62

FILED MAR 27 1962

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>McDonald</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Benton</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Southwest City</u> | | c. CITY OR TOWN <u>Maysville</u> | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 90</u> | | d. STREET ADDRESS (If outside, give location) <u>Rt. # 1</u> | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Harvey</u> Middle <u>Therral</u> Last <u>Roberts</u> | | 4. DATE OF DEATH Month <u>March</u> Day <u>17</u> Year <u>1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-21-1918</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>self-employed</u> | 9. AGE (last birthday) <u>43</u> |
| 11. BIRTHPLACE (City and state or country) <u>Treece, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>James Alexander Roberts</u> | | 13b. MOTHER'S MAIDEN NAME <u>Flossie Grace O'Banion</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Helen Roberts</u> | | 17. INFORMANT Address <u>7 Mrs. Leon Graham, Maysville, Ark.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W W II & Korea</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured Skull (Accident)</u> <u>Car Accident</u> 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 <u>Sudden</u> |
| 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 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.) <u>2 Car Accident</u> | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <u>5:45</u> | Month, Day, Year <u>3-17-62</u> | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mo. Hi-way 90</u> | 20f. CITY, TOWN, OR LOCATION <u>Southwest City</u> | COUNTY <u>McDonald</u> STATE <u>Mo.</u> |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>5:45 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner</u> | | 22b. ADDRESS <u>Pineville, Mo.</u> | 22c. DATE SIGNED <u>3-20-62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>3-21-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Maysville Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>XXXXXX Maysville, Ark.</u> |
| 24. FUNERAL DIRECTOR <u>Humphrey & Son</u> | | 25. DATE RECD. BY LOCAL REG. <u>March 20, 1962</u> | 26. REGISTRAR'S SIGNATURE <u>Mary A. Bradley</u> |

APR 20 1962

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Permit Issued
3-20-62

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 Wayne A. Woodard

Licensed Embalmer No. 5172

P.O. Address Nail, Mo.

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.