No. 300
10.48

FILED AUG 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22552

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 4048 Registrar's No. 188

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rocheport
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): M.K. & T. Railroad Track 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone 10
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rocheport 0
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle):
c. (Last): ROBERTS

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1949

5. SEX: Male D
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 24, 1880
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Howard County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: G.W. Roberts
13b. MOTHER'S MAIDEN NAME: Metta Brown
14. NAME OF HUSBAND OR WIFE: Beulah Lloyd Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Ernest Roberts, Columbia, Missouri.

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck, severed spinal cord.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: E802. 35

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Railroad track
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rocheport Boone, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 22 49 11:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Exact Cause undetermined 10

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 11:30 P.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Temple H. Morgett magestrate acting Coroner
23b. ADDRESS: Court House, Columbia Mo
23c. DATE SIGNED: 7/24/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 25, 1949
24c. NAME OF CEMETERY OR CREMATORY: Sulphur Springs Cemetery
24d. LOCATION (City, town, or county) (State): Howard County, Missouri.

DATE REC'D BY LOCAL REG.: July 25 1949
REGISTRAR'S SIGNATURE: Mrs R E Palmer 31
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Parker Funeral Service, Columbia, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 2 1949
District Health Officer No. 9,
District File Number _____

FEB 17 1950

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 _____
Student Embalmer

Signed Tom McFarg

Licensed Embalmer No. 4867

P. O. Address Columbia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.