

FILED AUG 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25806

State File No. ....

BIRTH NO. _____		REG. DIST. NO: <u>340</u>		PRIMARY REG. DIST. NO. <u>6152</u>		Registrar's No. <u>64</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty Twp</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty Twp</u>		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 Miles West of Bernie</u>				d. STREET ADDRESS (If rural, give location) <u>6 Miles West of Bernie, MO.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Paul</u>		b. (Middle) <u>J</u>		c. (Last) <u>Roberts</u>	
4. DATE OF DEATH		(Month) <u>7</u>		(Day) <u>29</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12/28/1913</u>		9. AGE (In years last birthday) <u>36</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George W Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Christine Cupp</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Roberts</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lucy Roberts</u>		ADDRESS <u>Bernie R#1</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>			
ANTECEDENT CAUSES Morbidity 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.						<u>4-20-1</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
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 <u>5:30 Pm.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Way W. Rainey</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Dexter, Missouri</u>		23c. DATE SIGNED <u>7-31-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/11/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bernie, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bernie Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-3-50</u>		REGISTRAR'S SIGNATURE <u>Delma W. Jenkins</u>		409 25. FUNERAL DIRECTOR'S SIGNATURE <u>Drum Funeral Home</u>		ADDRESS <u>Bernie</u>	

(Licensed Embalmer's Statement on Reverse Side)

DRUM FUNERAL HOME

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

RECEIVED AUG 8 1950

District Health Office No. 6,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

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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 *J. S. Shannon* \_\_\_\_\_

Licensed Embalmer No. *4086* \_\_\_\_\_

P. O. Address *Malden* \_\_\_\_\_

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