

FILED DEC 1 1950

STANDARD CERTIFICATE OF DEATH

37609

State File No.

BIRTH NO. REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waverly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>	
c. LENGTH OF STAY (in this place) <u>transit</u>		d. STREET ADDRESS (If rural, give location) <u>820 Jefferson Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 24 in Waverly</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>	b. (Middle) <u>Warren</u>	c. (Last) <u>Roberts</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1950</u>
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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>9-26-1881</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Architect</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>County Engineer</u>	11. BIRTHPLACE (State or foreign country) <u>Mooreville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>James Nelson Roberts</u>	13b. MOTHER'S MAIDEN NAME <u>Rosalee Barron</u>	14. NAME OF HUSBAND OR WIFE <u>Inere Waugh</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>YES W.W.I</u>	16. SOCIAL SECURITY NO. <u>W.W.I</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. R. Warren Roberts</u>	ADDRESS <u>Chillicothe, Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>68 1/2</u> <u>24</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death in a motor car wrecked on 24 Highway in Waverly Mo</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>in Waverly Mo</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on 24 Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Waverly Lafayette Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 1-1950 4 P. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Burned to death in a wreck during motor car accident</u>
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22. I hereby certify that I attended the deceased from Nov 1, 1950, to after death, that I last saw the deceased date on 11-1, 1950, and that death occurred at 4 P. m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. W. Martin M.D. coroner</u>	23b. ADDRESS <u>O. Desha</u>	23c. DATE SIGNED <u>11-23-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-28-1950</u>	REGISTRAR'S SIGNATURE <u>Frances Gruba</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Norman</u>	ADDRESS <u>Funeral Home; Chillicothe, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEC 2 1950

RECORDED
DEC 1 - 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 _____

working under my personal supervision.

Student Embalmer No.

Signed..... *Elton L. Norman*

Signed.....
Student Embalmer

Licensed Embalmer No. *4036*

P. O. Address *Chellicothe, 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 this body is not embalmed, fact should be so stated above.