

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17088

State File No. ....

FILED MAY 21 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5628 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nebo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nebo Rural 0530</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nebo Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry Lee</u> b. (Middle) <u>Roberts</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>May 7, 1952</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>Single</u>	8. DATE OF BIRTH <u>May 29, 1937</u>	9. AGE (In years last birthday) <u>14</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u>	IF UNDER 2 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Boy</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Falcon, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Earl Roberts</u>	13b. MOTHER'S MAIDEN NAME <u>Hilda Ockinga</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earl Roberts</u> ADDRESS <u>Nebo, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cachexia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 Mos</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastate Carcinoma</u>		
	DUE TO (c) <u>Carcinoma ft tibia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>196X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 2/8, 1952, to 5/7, 1952, that I last saw the deceased alive on 5/7, 1952, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert M. D.</u> (Degree or title)	23b. ADDRESS <u>Lebanon, Mo</u>	23c. DATE SIGNED <u>5/8/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/11/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Home Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Falcon Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-13-1952</u>	REGISTRAR'S SIGNATURE <u>Hecla</u>	429	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Holman</u> ADDRESS <u>Lebanon, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

530

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Received ..... MAY 17 1952  
Laclede County Health Unit  
File No. .... 5-52-58  
Date Filed ..... MAY 20 1952

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.....  
Student Embalmer

Signed Dorsey M Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.