V.S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42092

FILED DEC 15 1953

BIRTH NO. _____ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5117 Registrar's No. 22

0100 3

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
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): Highway 63 South - Cedar Tp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN: Ashland
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Route 2

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

4. DATE OF DEATH (Month) (Day) (Year): Dec. 10, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 15, 1903
9. AGE (In years last birthday): 50 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (City and State or Foreign Country): Boone County, Missouri. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Henry Roberts
13b. MOTHER'S MAIDEN NAME: Edna Jane Bolden
14. NAME OF HUSBAND OR WIFE: Sadie Jenkins Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 489-16-0038
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Thomas H. Roberts, Ashland, Mo.

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): Crushed brain — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Crushed chest
DUE TO (c): Crushed pelvis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 63 south
21c. (CITY, TOWN, OR TOWNSHIP): Cedar (COUNTY): Boone 0/0 (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 10 53 7:35 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Truck ran off of road, hit a tree.

22. *I hereby certify that I attended the deceased from* 12/10, 1953, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry H Sweets Jr M D Coroner 3
23b. ADDRESS: Columbia Mo
23c. DATE SIGNED: 12/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 11, 1953
24c. NAME OF CEMETERY OR CREMATORY: Columbia Cemtery
24d. LOCATION (City, town, or county) (State): Columbia, Mo.

DATE REC'D BY LOCAL REG.: 12/14/53
REGISTRAR'S SIGNATURE: Mrs Mildred Burnett 27-0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Parker Funeral Service Columbia, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 22 1953

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 Chas. L. Farrow

Licensed Embalmer No. 4132

P. O. Address Columbia,

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.