

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22085

State File No.

BIRTH NO. 355 34735-54 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 208

1. PLACE OF DEATH
a. COUNTY Boone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Boone

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia

c. CITY OR TOWN Columbia

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital

STREET ADDRESS (If rural, give location) 1211 E. Ash St. 01050

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

4. DATE OF DEATH (Month) (Day) (Year) July 19, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH June 27, 1954

9. AGE (In years last birthday) IF UNDER 1 YEAR Months 22 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Columbia, Missouri.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Glenn Roberts

13b. MOTHER'S MAIDEN NAME Sharon Louise Niles

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glenn Roberts, Columbia, 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, asthma, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOPNEUMONIA
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) BRAIN DAMAGE due to CEREBRAL ANOXIA AT BIRTH
DUE TO (c) TORSION OF UMBILICAL CORD
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 7 days
LIFE

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 7600

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/27, 1954, to 7/19, 1954, that I last saw the deceased alive on 7/19, 1954, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward J. Washington

23b. ADDRESS M.D. 909 UNIVERSITY AVE

23c. DATE SIGNED 7/21/54

24a. BURIAL CREMATION, REMOVAL (Specify) Burial

24b. DATE July 21, 1954

24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery

24d. LOCATION (City, town, or county) (State) Columbia, Missouri.

DATE REC'D BY LOCAL REG. July 21 1954

REGISTRAR'S SIGNATURE Mrs R E Palmer 31-0

FUNERAL DIRECTOR'S SIGNATURE ADDRESS Garner Funeral Service, Columbia, Mo

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

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.....
Dash L. Lanning

Licensed Embalmer No. *413*

P. O. Address *Tolson*

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.