

FILED JAN 21 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 1764

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Hannibal</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>704 South Main Street (res)</u>				e. STREET ADDRESS (If rural, give location) <u>704 South Main</u> <u>0644</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James William</u> b. (Middle) <u>Roberts</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>January 12, 1955</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>February 26, 1879</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>16</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer, retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13a. FATHER'S NAME <u>Newman Roberts</u>			13b. MOTHER'S MAIDEN NAME <u>Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Mattie Roberts</u>		
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 ADDRESS <u>Mrs. Mattie Roberts Hannibal Missouri</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>Sarcoma, left shoulder</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Disseminated metastasis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>12/10/53</u> , 19 <u>53</u> , to <u>4/12/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1/10/55</u> , 19 <u>55</u> and that death occurred at <u>4:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert Lanning MD</u>				23b. ADDRESS <u>Hannibal, Mo</u>		23c. DATE SIGNED <u>12/31/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/5/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand View</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-15-55</u>		REGISTRAR'S SIGNATURE <u>Dr. Em. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. S. ...</u>		ADDRESS <u>Hannibal Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 20 1955

RECEIVED  
MARION CO. HEALTH DEPT.  
DATE FILED JAN 20 1955

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 *H. Crawford Smith*

Licensed Embalmer No. 3814.....

P. O. Address Hannibal, Missouri

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.