

FILED MAR 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12112

BIRTH NO. _____		REG. DIST. NO. 354		PRIMARY REG. DIST. NO. 4519		Registrar's No. 58	
1. PLACE OF DEATH:				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission):			
a. COUNTY TEXAS		a. STATE MO.		b. COUNTY TEXAS			
b. CITY (If outside corporate limits, write RURAL and give township) CABOOL		c. LENGTH OF STAY (in this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) CABOOL		10 70	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 10 0			
3. NAME OF DECEASED		a. (First) Abbie		b. (Middle) ROBERTS		c. (Last) ROBERTS	
(Type or Print)						4. DATE OF DEATH (Month) (Day) (Year) 3-17-56	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 4-14-1892	
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) CABOOL, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JAMES ROBERTS		13b. MOTHER'S MAIDEN NAME FRANCES FARRIS		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) NO		16. SOCIAL SECURITY NO. 496-10-4037		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tom Roberts, Cabool, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intentional Homicide				1 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decadent vessel 4 or 6 years					
		- 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		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		5410	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 19, 1955, to March 17, 1956 that I last saw the deceased alive on March 12, 1956 and that death occurred at 5:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE H. L. Maulle (Degree or title)		23b. ADDRESS Cabool, Mo.		23c. DATE SIGNED 3/19/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-19-56		24c. NAME OF CEMETERY OR CREMATORY HAMILTON		24d. LOCATION (City, town, or county) TEXAS CO., MO.	
DATE REC'D BY LOCAL REG. 3-20-56		REGISTRAR'S SIGNATURE Gaynell Cunningham		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Elliott - Neutz, Cabool, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

**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 .....  
Student Embalmer

Signed James L. Kentry

Licensed Embalmer No. 4718

P. O. Address Calool, 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.