

Health, Welfare
Public Service

300
1-56

ALL diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. X

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22817

FILED AUG 6 - 1956

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 5/21 Registrar's No. 242

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, give TOWNSHIP only) OR TOWN Perche		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rocheport		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 Mi. N. Midway		Length of stay in lb 3 yr	d. STREET ADDRESS R.F.D.#1 (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Andrew Middle Ellis Last Roberts			4. DATE OF DEATH Month July Day 29 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 18, 1948	9. AGE (In years last birthday) 8 IF UNDER 1 YEAR: Months 9 Days 10 Hours 00 Min. 00 IF UNDER 24 HRS. Hours 00 Min. 00	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY -- -- -- --		11. BIRTHPLACE (City and state or country) Rocheport, Mo. R.F.D. 1	
13. FATHER'S NAME Zimri Roberts			14. MOTHER'S MAIDEN NAME Ruby O'Bryant		
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. -- -- -- --		17. INFORMANT Address Zimri Roberts, Rocheport Mo. R.E.D. #1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Decerebration and Erisceration					INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 3					
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fall from tractor - under a brush mower.		
20c. TIME OF DEATH Hour 9:40 a.m. Month 7 Day 29 Year 1956			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm		20f. CITY, TOWN, OR LOCATION COUNTY STATE 5 miles North of Midway, Boone, Mo	
21. I attended the deceased from Congress's Case and last saw her/him alive on 7/29/56 Death occurred at 9:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Lyman Sprinkle (Degree or title) 3			22b. ADDRESS Columbia, Mo		22c. DATE SIGNED 7/29/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/31/1956		23c. NAME OF CEMETERY OR CREMATORY Memorial Park	
23d. LOCATION (City, town, or county) (State) Columbia, Missouri		24. FUNERAL DIRECTOR ADDRESS Lyman Sprinkle, Columbia, Missouri		25. DATE RECD. BY LOCAL REG. July 30 1956	
26. REGISTRAR'S SIGNATURE Mrs R E Palmer					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Lynnan H. Spink*.....
Licensed Embalmer No. *401*

P. O. Address *Columb*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.