

FILED DEC 21 1956

## STANDARD CERTIFICATE OF DEATH

42034

STATE FILE NUMBER

Registration District No. 172

Primary Registration District No. 5642

Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Middleton</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Rural</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in Grave, give residence) HOSPITAL OR INSTITUTION <b>5 Mi. W. Waverly BB</b>			Length of stay in lb		d. STREET (If outside, give location) ADDRESS <b>4 1/2 mi. S/W of Waverly</b>
3. NAME OF DECEASED (Type or print) <b>Robert</b>			First	Middle	Last
4. DATE OF DEATH <b>12 7 1956</b>			Month	Day	Year
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7-7-1881</b>		9. AGE (In years last birthday) <b>75</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (City and state or country) <b>Warren County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Louis Duvall</b>			14. MOTHER'S MAIDEN NAME <b>Caroline Lukemeyer</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>John Duvall</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple fracture ribs &amp; sternum</b> <b>Multiple fracture of chest</b> <b>Multiple fracture of ribs &amp; sternum</b> <b>Multiple fracture of ribs &amp; sternum</b> <b>Multiple fracture of ribs &amp; sternum</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Multiple fracture of ribs &amp; sternum</b> DUE TO (c) <b>This man drove his car into</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. <b>He was dead when doctor + ambulance arrived</b>		INTERVAL BETWEEN ONSET AND DEATH			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <b>Motor car-truck collision</b>				
20c. TIME OF INJURY Hour a. m. p. m. <b>12 7-56</b>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Waverly Highway BB Lafayette MO</b>				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <b>Waverly Highway BB Lafayette MO</b>				
21. I attended the deceased from <b>After death on 12-7-56</b> and last saw her/him <b>alive on</b> _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Dr. Martin</b>			22b. ADDRESS <b>Odesse MO</b>		22c. DATE SIGNED <b>12-7-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-10-1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Waverly Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Waverly Missouri</b>	
24. FUNERAL DIRECTOR <b>M. D. Bailey</b>		ADDRESS <b>Waverly, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Dec. 10-1956</b>	26. REGISTRAR'S SIGNATURE <b>Clayton H. Landrum</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs of diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 *Maris D. Bailey*.....

Licensed Embalmer No. *48*..

P. O. Address *Waverly*..

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