

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **26**

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

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Columbia</b>		c. CITY OR TOWN <b>Columbia</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>24 hrs</b>		• STREET ADDRESS (If rural, give location) <b>814 North Garth</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Boone County Hospital</b>		<b>01050</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Leslie</b> c. (Last) <b>Roberts</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 17 57</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct. 9, 1885</b>
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Boone County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William Payton Roberts</b>	
13b. MOTHER'S MAIDEN NAME <b>Amanda Hall</b>		14. NAME OF <del>deceased's</del> WIFE <b>Louettie Roberts</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>495-40-9384</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Louettie Roberts</b>		ADDRESS <b>Columbia Mo</b>	
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.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <b>1) INFARCTION OF ILEUM</b>			<b>2 DAYS</b>
ANTECEDENT CAUSES DUE TO (b) <b>UN DETERMINED CAUSE</b>			
DUE TO (c) <b>BRONCHOPNEUMONIA DUE TO ASPIRATION OF VOMITUS</b>			<b>2 DAYS</b>
II. OTHER SIGNIFICANT CONDITIONS <b>CORONARY ARTERIOSCLEROSIS UREMIA DUE TO CHR SWM, NEPHRITIS</b>			<b>SEVERAL YRS UNKNOW</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>5702</b>	
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 (Month) (Day) (Year) (Hour) OF INJURY		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 <b>1-16, 1957</b> , to <b>1-17, 1957</b> , that I last saw the deceased alive on <b>1-17, 1957</b> , and that death occurred at <b>10:00 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>[Signature]</b>		23b. ADDRESS <b>2208th Columbia</b>	
		23c. DATE SIGNED <b>Feb 14 1957</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-19-57</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Columbia, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Jan. 19 1957</b>		REGISTRAR'S SIGNATURE <b>Miss R.E. Palmer</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Columbia Mo.</b>	

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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.....  
*Lynna H. Sprinkle*

Licensed Embalmer No: 4013

P. O. Address: Columbia

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.