

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16886**

FILED MAY 27 1957

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>50</u>			
1. PLACE OF DEATH a. COUNTY HOWELL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS, MISSOURI		c. LENGTH OF STAY (in this place) 79 yrs		c. CITY OR TOWN WEST PLAINS,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION X				e. STREET ADDRESS (If rural, give location) 121 College,					
3. NAME OF DECEASED (Type or Print) JOHN HENRY ROBERTS			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH 5-12-57		(Month)		(Day)		(Year)			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH 3-26-1877		9. AGE (in years last birthday) 80	
IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		IF UNDER 2 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer			10b. KIND OF BUSINESS OR INDUSTRY X			11. BIRTHPLACE (City and State or Foreign Country) HOWELL CO., MISSOURI		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME ALEX ROBERTS			13b. MOTHER'S MAIDEN NAME JULIA A. CRIDER			14. NAME OF HUSBAND OR WIFE X			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X			16. SOCIAL SECURITY NO. X			17. INFORMANT'S SIGNATURE OR NAME JOE ROBERTS, BROWNWOOD, MO			
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.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Arteriosclerosis Chronic Myocarditis DUE TO (c) Chronic Myocarditis					INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH (continued)			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 4221					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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			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>Jan</u> , 19 <u>57</u> , to <u>17 May</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>17 May</u> , 19 <u>57</u> , and that death occurred at <u>9:20 AM</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) D MD					23b. ADDRESS West Plains, Mo			23c. DATE SIGNED 19/5/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 5-14-57		24c. NAME OF CEMETERY OR CREMATORY DRIPPINGS SPRINGS,		24d. LOCATION (City, town, or county) (State) WEST PLAINS, MO			
DATE REC'D BY LOCAL REG. 5-24-57		REGISTRAR'S SIGNATURE Beatrice Cook			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROBERTSONS, WEST PLAINS, MO				

(Licensed Embalmer's Statement on Reverse Side)

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

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 *J. J. Robert*

Licensed Embalmer No. *3427*

P. O. Address *West Hill*

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.