

FILED MAY 28 1957

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

19844

Registration District No. 355 Primary Registration District No. 6205 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Arroll (Pierce)</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Arroll</u>		1070 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Country Road</u>			Length of stay in lb <u>life</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Route</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Roscoe</u> Middle <u>Irvin</u> Last <u>Jaber</u>				4. DATE OF DEATH Month <u>5</u> Day <u>6</u> Year <u>57</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb 21, 1922</u>	
9. AGE (In years last birthday) <u>35</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saw Mill Work</u>			100. KIND OF BUSINESS OR INDUSTRY <u>Planing Mill</u>		11. BIRTHPLACE (City and state or country) <u>Arroll, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Harrison Jaber</u>				14. MOTHER'S MAIDEN NAME <u>Bertha Busby</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>500-05-1304</u>		17. INFORMANT <u>Mabel Jaber, Rt. 1, Summersville,</u> Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed head</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>truck overturning on him</u> DUE TO (c) <u>8230</u> <u>32</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>truck ran off road &amp; overturned pinning him beneath it.</u>				
20c. TIME OF INJURY Hour <u>8:15</u> p. m. Month, Day, Year <u>5-6-57</u>			20f. CITY, TOWN, OR LOCATION <u>3 1/2 mi. SE Arroll, Texas, Mo.</u>				
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.) <u>Home near Arroll</u>		20f. CITY, TOWN, OR LOCATION <u>3 1/2 mi. SE Arroll, Texas, Mo.</u>			STATE <u>MO.</u>
21. I viewed the deceased <u>yes</u> on <u>5-7-57</u> to <u>8:30 pm</u> and last saw her <u>him</u> alive on _____ Death occurred at <u>8:30 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>James L. Nantz (Coroner)</u> (Degree or title)				22b. ADDRESS <u>Cabool, Mo.</u>		22c. DATE SIGNED <u>5-16-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/8/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Arroll Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Arroll, Missouri</u>	
24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn View, Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>May 22nd</u>		26. REGISTRAR'S SIGNATURE <u>Arma Roberts</u>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare  
Public Service300  
1-56

All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Richard A. Norton Student Embalmer No. 540 working under my personal supervision.

Student Richard A. Norton  
Signature of Student Embalmer

Signed Joe R. Lunca

Licensed Embalmer No. 430

P. O. Address St. Louis

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.