

FILED JUL 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH24367
STATE FILE NUMBERRegistration District No. 141Primary Registration District No. 5550Registrar's No. 93

1. PLACE OF DEATH a. COUNTY HOWELL			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY CARROLL		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HOCOMO,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN DENVER		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION HIWAY 160		Length of stay in lb. minutes	d. STREET ADDRESS (If outside, give location) X X		
3. NAME OF DECEASED (Type or print) First Middle Last WM. ERNEST ROBERTS			4. DATE OF DEATH Month Day Year 6-28-57		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-12-1895		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 62 yrs. Months Days Hours 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 X	11. BIRTHPLACE (City and state or country) BOONE CO., ARKANSAS		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME ALFRED ROBERTS		13b. MOTHER'S MAIDEN NAME JANE BOYD		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X X		16. SOCIAL SECURITY NO. YES		17. INFORMANT Address MRS. C.W. TATE, DENVER, ARK.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cause with car went in ditch & he was dead looked like heart attack Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ditch & he was dead looked like heart attack DUE TO (c) like heart attack PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4343					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at about 11:30AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Beatrice Cook Registrar		22b. ADDRESS West Plains Mo		22c. DATE SIGNED 7-2-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) R		23b. DATE 6-28-57		23c. NAME OF CEMETERY OR CREMATORY AUMON CEMETERY	
		23d. LOCATION (City, town, or county) (State) DENVER, ARK.,			
24. FUNERAL DIRECTOR ROBERTSONS, WEST PLAINS, MO.,		ADDRESS		25. DATE RECD. BY LOCAL REG. 7-3-57	
				26. REGISTRAR'S SIGNATURE Beatrice Cook	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

JUL 23 1957

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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 *[Handwritten Signature]*

Licensed Embalmer No. *34372*
P. O. Address *West Ken*

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.