

FILED JUL 26 1957

STANDARD CERTIFICATE OF DEATH

25854

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Bonne Terre</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp.</u>				Length of stay in 1b <u>14 hrs.</u>		d. STREET ADDRESS <u>411 S Spruce</u> (If outside, give location)	
3. NAME OF DECEASED (Type or print) <u>DAILY MATHEW ROBERTS</u>				4. DATE OF DEATH <u>July 12, 1957</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>June 25 1875</u>		9. AGE (In years last birthday) <u>82</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpt. Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Lead Co.</u>		11. BIRTHPLACE (City and state or country) <u>Blackwell, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>James Roberts</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Moom</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>490-03-1285</u>		17. INFORMANT <u>Omen Roberts</u> Address <u>Bonne Terre, Mo.</u>			
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>Mesenteric thrombosis.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Stokes-Adams Syndrome</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arteriosclerotic heart disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>16 hrs.</u> <u>?</u>	
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 _____ 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 <u>Bonne Terre, Mo.</u>		20g. COUNTY <u>St. Francois</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>July 11, 1957</u> to <u>July 12, 1957</u> and last saw <u>him</u> alive on <u>July 12, 1957</u> . Death occurred at <u>10:00 a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Jan W. ...</u>				22b. ADDRESS <u>Bonne Terre, Mo.</u>		22c. DATE SIGNED <u>7/16/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 14 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo.</u>	
24. FUNERAL DIRECTOR <u>BOYER*BENHAM</u> Address <u>Bonne Terre, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>July 16, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Cather Rudloff</u>	

JUL 31 1957

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 *C. Z. Boyer*

Licensed Embalmer No. *16*

P. O. Address *Asa...*

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