FILED NOV 25 1957

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

43145
STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 220

**1. PLACE OF DEATH**
a. COUNTY: Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marshall, Mo. — Inside Limits Yes # No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Fitzgibbon Hosp. — Length of stay in Ib: 69 Yrs.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Marshall — Inside Limits Yes # No ☐
d. STREET ADDRESS (If outside, give location): 363 So. Lafayette — Reside on Farm Yes ☐ No #

**3. NAME OF DECEASED** (Type or print): First: Harry Middle: Edward Last: Roberts

**4. DATE OF DEATH**: Month: Nov Day: 22 Year: 1957

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7. MARRIED** # **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH**: Feb. 20-1883

**9. AGE** (In years last birthday): 74 — IF UNDER 1 YEAR: Months 9, Days 2 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Operated Own Barbershop.

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (City and state or country): Decatur, Illinois

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13. FATHER'S NAME**: E.B. Roberts

**14. MOTHER'S MAIDEN NAME**: Georgette Crawford

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): -

**16. SOCIAL SECURITY NO.**: 495-36-6817

**17. INFORMANT** Address: Mrs. Harry Roberts-Marshall, Mo.

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Secondary Anemia + Uremia — 10 days
DUE TO (c): Senile Nephrosclerosis — 5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Carcinoma of Bowel with obstruction

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.): 446X H

**20c. TIME OF INJURY** Hour a. m. p. m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**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 2 APR 56 to 22 Nov 57 and last saw her/him alive on 22 Nov 57
Death occurred at 1:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): E. Lee McCorkle M.D.

**22b. ADDRESS**: Marshall Mo

**22c. DATE SIGNED**: 23 Nov 57

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE**: 11/24/57

**23c. NAME OF CEMETERY OR CREMATORY**: Ridge Park

**23d. LOCATION** (City, town, or county) (State): Marshall, Missouri

**24. FUNERAL DIRECTOR** ADDRESS: J. Leslie Sweeney-Marshall, Mo.

**25. DATE RECD. BY LOCAL REG.**: 11-23-57

**26. REGISTRAR'S SIGNATURE**: Cecil G. Read

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No 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

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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 emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed William Fraser

Licensed Embalmer No. 4 7

P. O. Address Marshall

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