

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010882

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 257 Primary Registration District No. 8881 Registrar's No. 15

300  
1-57  
3

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

155

1. PLACE OF DEATH a. COUNTY <u>OSAGE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY OR TOWN <u>Jefferson Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>R.F.D. Belle-Mo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>highway 38 1/4 M. West Belle</u> HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>S.E. Belle-Mo</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Kathy</u> Middle <u>Jean</u> Last <u>Roberts</u>		4. DATE OF DEATH Month <u>April</u> Day <u>8</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 18-1954</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Dascard County - Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Harold Roberts</u>	
13b. MOTHER'S MAIDEN NAME <u>Shirley Rector</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mrs Shirley Roberts</u>		Address <u>Belle-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>Crushed Head and Body.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>BEING RUN OVER BY AUTOMOBILE ON</u> DUE TO (c) <u>Highway</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>Door of Auto accidentally opened allowing deceased</u>	
20c. TIME OF INJURY Hour <u>10:00</u> p.m. Month, Day, Year <u>4-8-58</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>ON Highway</u>	
20e. CITY, TOWN, OR LOCATION <u>BELLE, RD - OSAGE - MO.</u>		20f. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her <u>HEAD</u> <u>alive</u> on <u>10:00 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Edw. Horton</u>		22b. ADDRESS <u>Crown Ave, Mo</u>	
22c. DATE SIGNED <u>4/9/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-11-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Belle - Mo</u>	
24. SUNDIAL DIRECTOR <u>Charles Dason</u>		25. DATE RECD. BY LOCAL REG. <u>4-10-58</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. T. A. Dubrouillet</u>			

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 *Chuter S. Seaman* .....

Licensed Embalmer No. *4128* .....

P. O. Address *Blount - In* .....

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.