

FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032380

STATE FILE NUMBER

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 888B

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | c. CITY OR TOWN Springfield 6396 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1900 W. Lincoln | | d. STREET ADDRESS (If outside, give location) 1900 W. Lincoln | |
| 3. NAME OF DECEASED (Type or print) First GRACE Middle MAE Last ROBERTS | | 4. DATE OF DEATH probably Sept. 12, 1958 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 19, 1913 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse | | 10b. KIND OF BUSINESS OR INDUSTRY Nurse | 9. AGE (In years last birthday) 45 |
| 11. BIRTHPLACE (City and state or country) Vigo County, Indiana | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Walter Estep | | 13b. MOTHER'S MAIDEN NAME Mary Steadman | 14. NAME OF HUSBAND OR WIFE Orville Roberts |
| 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 Mrs. Jesse Smith, Terre Haute, Ind. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wound in back | | | INTERVAL BETWEEN ONSET AND DEATH ? |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | 981X |
| 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? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Apparently shot by her husband Orville L. Roberts | | |
| 20c. TIME OF INJURY Approx 5:00 p.m. Sept 12, 1958 | at home 1900 W. Lincoln | | |
| 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.) Home | 20f. CITY, TOWN, OR LOCATION Springfield, Greene, Missouri | COUNTY STATE |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at Approx 5:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Ralph Thieme | | 22b. ADDRESS Springfield, Missouri | 22c. DATE SIGNED 20 Sept 58 |
| 23a. BURIAL CREMATION, REMOVAL (Specify) Removal | 23b. DATE 9/19/58 | 23c. NAME OF CEMETERY OR CREATOR Cloverland Cemetery | 23d. LOCATION (City, town, or county) (State) Cloverland, Indiana |
| 24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Mo. | | 25. DATE RECD. BY LOCAL REG. 9-23-58 | 26. REGISTRAR'S SIGNATURE Effie S. Melton |

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.567... working under my personal supervision.

Student Wayne Smith
Signature of Student Embalmer

Signed Lee Mason

Licensed Embalmer No.4568

NO ARTERIAL INJECTION

P. O. Address...Springfield, Mo

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.