

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033389
STATE FILE NUMBER

FILED OCT 15 1958

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 100

S. 300
P. 1-57

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1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon		c. CITY OR TOWN Lilbourn	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 909 days		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Foster Middle Last Roberts			4. DATE OF DEATH Month Sept. Day 30 Year 1958		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 20, 1887	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Tennessee	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Albrose Roberts		13b. MOTHER'S MAIDEN NAME Millie Rosson		14. NAME OF HUSBAND OR WIFE Sylvia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address San. records, Mo. State San., Mt. Vernon, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary tuberculosis		INTERVAL BETWEEN ONSET AND DEATH approx. 3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		002X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus with gangrene rt. great toe (amputated)		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION 4 - 24 - 56			20f. COUNTY STATE 9 - 30 - 58		
21. I attended the deceased from 8:10 a.m. to 9 - 30 - 58 and last saw him alive on 9 - 30 - 58 Death occurred at 8:10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			22c. DATE SIGNED 9-30-58		
22a. SIGNATURE <i>C. Helleweg</i> (Degree <input type="checkbox"/> Title) M.D.			22b. ADDRESS Mt. Vernon, Mo.		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-30-58	23c. NAME OF CEMETERY OR CREMATORY Memphis, Tenn.		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR H. H. Foyett Mt. Vernon			25. DATE RECD. BY LOCAL REG. 10-1-58		
26. REGISTRAR'S SIGNATURE <i>Cecil Hendricks</i>					

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
 All diseases in Part II must be causally related.
 No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

OCT 17 1958

OCT 22 1958

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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed H. H. Fawcett

Licensed Embalmer No. 2201

P. O. Address Mt. Vernon

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.