

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016618
STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 1 Primary Registration District No. — Registrar's No. 155

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville, Clay Twp		c. CITY OR TOWN Kirkville, Clay Twp	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION O. A. at K. O. H.		d. STREET ADDRESS (If outside, give location) Rt 5	
3. NAME OF DECEASED (Type or print) First James Middle Denton Last Roberts		4. DATE OF DEATH Month May Day 15 Year 1959	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 16, 1956
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		11. BIRTHPLACE (City and state or country) Kirkville, Mo	
13a. FATHER'S NAME Clarence James Roberts		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) No		16. SOCIAL SECURITY NO. None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Skull		INTERVAL BETWEEN ONSET AND DEATH minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		8350	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 33		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.) Rt. cab door of a loaded 3/4 ton truck came open, infant fell out the door and the Rt. rear wheel of the truck passed over his head. Acc. occurred in a field App. 200 yds. S. Rt B, 10 NE of Kirkville, Mo	
20c. TIME OF DEATH Hour 8:30 a.m. A.M. Month, Day, Year 5/15/59		20f. CITY, TOWN, OR LOCATION COUNTY STATE Kirkville, Clay Twp. Adair Missouri	
20d. INJURY OCCURRED WHILE AT WORK <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.) Salt River bottom (field)	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at app. 8:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Noval Foster		22b. ADDRESS Kirkville, Mo.	
22c. DATE SIGNED 5/15/59		22e. NAME OF CEMETERY OR CREMATORY East Ceneter Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23d. LOCATION (City, town, or county) (State) Adair county, Mo.	
23b. DATE 5/17/59		25. DATE RECD. BY LOCAL REG. 5-16-1959	
24. FUNERAL DIRECTOR Paul W. Pilon		26. REGISTRAR'S SIGNATURE Doris W. Rathoff	
ADDRESS Kirkville, Mo			

(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 causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Harrell E. Hayes*

Licensed Embalmer No. *4890*
P. O. Address *Kirkville, 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.