

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u> <u>1001</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>117 HELEN AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>117 HELEN</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALONZO</u> b. (Middle) <u>SYLVESTER</u> c. (Last) <u>ROBERTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 14 1953</u>	
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>FEB. 20 1878</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>75 1 25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (State or foreign country) <u>LUTESVILLE MO</u>	
12. CITIZEN OF WHAT COUNTRY?				

13a. FATHER'S NAME <u>WILLIAM H. ROBERTS</u>		13b. MOTHER'S MAIDEN NAME <u>SHELTON</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE E. ROBERTS</u>	
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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'S SIGNATURE OR NAME ADDRESS <u>Mrs Minnie Roberts Chaffee No</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL DECOMPENSATION</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 HR.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIO-SCLEROSIS, AORTIC STENOSIS, MYOCARDOSIS</u>			<u>3 YRS.</u>
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u> <u>CHAFFEE</u> <u>MO</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NONE</u>	
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22. I hereby certify that I attended the deceased from APRIL, 1951, to MARCH, 1953 that I last saw the deceased alive on 3-26, 1953 and that death occurred at 2:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. J. Mosebach, D.O.</u>		23b. ADDRESS <u>Chaffee, MO</u>		23c. DATE SIGNED <u>4-14-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>4-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DRY CREEK CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>LUTESVILLE MO</u>	
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DATE REC'D BY LOCAL REG. <u>4-20-53</u>		REGISTRAR'S SIGNATURE <u>Mrs Fred Bishop</u>		445-2		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs M. H. Chaffee No</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1001

RECEIVED 4-21-53  
SCOTT COUNTY HEALTH CENTER  
CO. FILE NO. 453-94

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 .....  
Student Embalmer

Signed C. J. Lorberg  
Licensed Embalmer No. 3818  
P. O. Address Cape Girardeau, 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 this body is not embalmed, fact should be so stated above.