

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35108**

FILED NOV 13 1953

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1171	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (In this place) 50 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph			
d. FULL NAME OF HOSPITAL OR INSTITUTION 319 East Colorado Avenue				d. STREET ADDRESS (If rural, give location) 319 East Colorado Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) Herod			c. (Last) Roberts	
4. DATE OF DEATH (Month) (Day) (Year) November 9th 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH September 12-1888		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police-Patrolman		10b. KIND OF BUSINESS OR INDUSTRY Police Department		11. BIRTHPLACE (State or foreign country) Greenville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Daniel Roberts			13b. MOTHER'S MAIDEN NAME Fannie Gash			14. NAME OF HUSBAND OR WIFE Mrs. Bessie Roberts	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes.		16. SOCIAL SECURITY NO. W. W. # 1		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS St. Joseph, Mo. Mrs. Bessie Roberts, 319 East Colorado, Ave			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Hemorrhage 1 day				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis 3 yrs.							
DUE TO (c) Malignant Hypertension 3 yrs.							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Man died suddenly while alone in his room. He has a history of malignant hypertension.				331X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from ^{viewed} on 11/9 , 19 53 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred alio A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. F. Mundy, M.D. (Coroner)				23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 11/9/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)		24b. DATE Nov. 13, 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	
DATE REC'D BY LOCAL REG. Nov 13, 1953		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffer & Sulcman		ADDRESS St. Joseph, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 19 1950

JAN 22 1951

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 _____

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Missouri.

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.