

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7337

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>311</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Buchanan</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Ray</u>	
c. LENGTH OF STAY (in this place) <u>409 days</u>		c. CITY OR TOWN <u>Richmond</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 1.			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's State Hospital #2</u>				f. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Henry</u>	b. (Middle) _____	c. (Last) <u>Roberts</u>	(Month) _____	(Day) <u>16</u>	(Year) <u>1955</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>not given</u>	9. AGE (In years last birthday) <u>Abt. 80</u>	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) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>not given</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Roberts</u>		ADDRESS <u>Richmond 7th</u>	
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u>					<u>10 yrs +</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	DUE TO (b) <u>arterio-sclerosis</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 _____		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				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) _____ (Min) _____		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 <u>1-1-</u> , 19 <u>55</u> , to <u>1-16-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-16-</u> , 19 <u>55</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. H. Morrison</u>				23b. ADDRESS <u>State Hospital No. 2, St. Joseph, Mo.</u>		23c. DATE SIGNED <u>2-17-1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar. 17, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kirkville College</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 28, 1955</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark</u>		ADDRESS <u>Clark Funeral Home St. Joseph, Mo.</u>	

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

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..... *Bill J. [Signature]*

Licensed Embalmer No... 721

P. O. Address... *St. [Signature]*

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.