

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39-000338

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 139

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|--|---------------------------|---|---|
| 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, give TOWNSHIP only) TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Joseph 0117 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1208 S. 23rd St. | | Length of stay in lb 61 years | d. STREET ADDRESS (If outside, give location) 1208 S. 23rd St. |
| 3. NAME OF DECEASED (Type or print) First Middle Last SYLVANUS A. ROBERTS | | | 4. DATE OF DEATH Month Day Year Feb. 3, 1959 |
| 5. SEX male 0 | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 25, 1889 |
| 9. AGE (In years last birthday) 69 | | 10. UNDER 1 YEAR Months Days Hours Min. | 11. BIRTHPLACE (City and state or country) Keystone, Mo. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman | | 10b. KIND OF BUSINESS OR INDUSTRY Bakery | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Edmund R. Roberts | | 13b. MOTHER'S MAIDEN NAME Nancy Halstead | 14. NAME OF HUSBAND OR WIFE Nellie V. Cooper Roberts |
| 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. unknown | 17. INFORMANT Address Mrs. S. A. Roberts, 1208 S. 23rd, St. Joseph, 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) <i>Arteriosclerotic heart disease</i> DUE TO (b) <i>General arteriosclerosis</i> DUE TO (c) <i>years</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>4200</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from Death occurred at 2:00a. | | and last saw her alive on 1-22-59 | |
| 22a. SIGNATURE (Degree or title) <i>D. S. E. Meloney M.D.</i> | | 22b. ADDRESS <i>214 Kirkpatrick Bldg. St. Joseph, Mo.</i> | 22c. DATE SIGNED <i>2-4-59</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 2/5/1959 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery | 23d. LOCATION (City, town, or county) (State) St. Joseph Missouri |
| 24. FUNERAL DIRECTOR <i>Heaton-Bowman</i> | | 25. DATE RECD. BY LOCAL REG. <i>Feb. 6, 1959</i> | 26. REGISTRAR'S SIGNATURE <i>Wm. Clark Goodell</i> |

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. S. E. Meloney

Ala. Mortuary

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 *John V. Henrick*

Licensed Embalmer No. *70078*

P. O. Address *H. G. Lane*

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.