

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006279

STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 17.8

Primary Registration District No.

Registrar's No. 10

5. 300  
1-57

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

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lewis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LaBelle</b>		c. CITY OR TOWN <b>La Belle</b> <span style="float: right;">0560</span>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Life</b>		d. STREET ADDRESS (If outside, give location) <b>Life</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Katherine Roberts</b>		4. DATE OF DEATH Month Day Year <b>February 10, 1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 2, 1884</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>74</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Knox County</b>
13a. FATHER'S NAME <b>ohn Boltz</b>		13b. MOTHER'S MAIDEN NAME <b>Columbus Strange</b>	14. NAME OF HUSBAND OR WIFE <b>George Roberts</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mr. George Roberts La Belle, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension for several yrs</b>			
DUE TO (c) <b>Valvular Insufficiency</b>			
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.		<b>LaBelle Mo</b>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK. AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>LaBelle Mo</b>	
21. I attended the deceased from <b>Jan 30<sup>th</sup></b> to <b>Feb 9<sup>th</sup></b> and last saw her <sup>him</sup> alive on <b>Feb 8<sup>th</sup> 1959</b> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>W. V. Coater D.O.</b>		22b. ADDRESS <b>LaBelle Mo</b>	22c. DATE SIGNED <b>2-11-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/12/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Deer Ridge Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>La Belle, Missouri</b>
24. FUNERAL DIRECTOR <b>Gloden J. LaBelle, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>2-14-'59</b>	26. REGISTRAR'S SIGNATURE <b>P. W. Jennings, M.D.</b> <b>E. L.</b>

FEB 29 1960

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 *J. Stoder Jr.* .....  
Licensed Embalmer No. *4328* .....  
P. O. Address *LaBelle, 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.