

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018647

STATE FILE NUMBER

FILED JUN 8 1959

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 198

300
-57

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sedalia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sedalia Rest Home</u>		Length of stay in 1b <u>0 day 0</u>	d. STREET ADDRESS (If outside, give location) <u>410 Wilkerson</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES H. ROBERTS</u>			4. DATE OF DEATH Month Day Year <u>June 3, 1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 9, 1874</u>		9. AGE (In years last birthday) <u>85</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Store</u>	11. BIRTHPLACE (City and state or country) <u>Longwood, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
----------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------	-------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <u>James Roberts</u>	13b. MOTHER'S MAIDEN NAME <u>Francis Raines</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Carrie Roberts</u>
--------------------------------------------	----------------------------------------------------	-----------------------------------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Mrs. Carrie Roberts, Sedalia, Mo.</u>
------------------------------------------------------------------------------------------------------------------------	-------------------------	-------------------------------------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>generalized arteriosclerosis</u>		<u>10 years</u>
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>334X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <input type="checkbox"/> NOT WHILE AT WORK <input 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 April 17, 1959 to June 3, 1959 and last saw him alive on June 2, 1959
Death occurred at 1:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>T. S. Hopkins, M.D.</u>	22b. ADDRESS <u>1609 S. Limit Sedalia, Mo.</u>	22c. DATE SIGNED <u>6-4-59</u>
----------------------------------------------------------------	---------------------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 5, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Longwood Cemetery</u>	23d. LOCATION (City, town, or country) (State) <u>Longwood Missouri</u>
------------------------------------------------------------	----------------------------------	----------------------------------------------------------------	----------------------------------------------------------------------------

24. FUNERAL DIRECTOR ADDRESS <u>D. W. Heckart Sedalia, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>6/4/1959</u>	26. REGISTRAR'S SIGNATURE <u>Frances A. Leach</u>
------------------------------------------------------------------------	-------------------------------------------------	------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Clifford Houge*

Licensed Embalmer No. *5014*
P. O. Address. *Sedalia, 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.