RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032856

STATE FILE NUMBER

FILED VS SEP 18 1959

Registration District No. 163 Primary Registration District No. 5796 Registrar's No. 63

DED

1. PLACE OF DEATH
a. COUNTY JEFF.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~De Soto~~ (VALLE)
Length of stay in 1b: 1 YR
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RT. #3. DE SOTO.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY JEFF.
c. CITY OR TOWN De Soto
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RT. 3
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: EARL Middle: E. Last: ROBERTS
4. DATE OF DEATH Month: 9 Day: 8 Year: 1959
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: JULY 11 1887
9. AGE (last birthday): 72
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ROAD CONSTRUCTION
10b. KIND OF BUSINESS OR INDUSTRY: RET.
11. BIRTHPLACE (City and state or country): HALLSVILLE
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: UNK
13b. MOTHER'S MAIDEN NAME: UNK.
14. NAME OF HUSBAND OR WIFE: MARY ROBERTS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-14-7670
17. INFORMANT: MARY ROBERTS Address: DeSoto RT. 3

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis, myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis of coronary arteries — 2 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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

21. I attended the deceased from 1957, to Sept 8, 1959 and last saw him alive on Sept 1, 1959
Death occurred at 8 05 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thomas A. Donnell M.D.
22b. ADDRESS: DeSoto, Mo
22c. DATE SIGNED: 9-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: SEPT. 11/1959
23c. NAME OF CEMETERY OR CREMATORY: UNIONTOWN CEM.
23d. LOCATION (City, town, or county): UNIONTOWN (State): KANSAS

24. FUNERAL DIRECTOR: D. B. DIETRICH ADDRESS: DeSoto Mo
25. DATE RECD. BY LOCAL REG.: Sept. 8-1959
26. REGISTRAR'S SIGNATURE: Marie Farris.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NOV 3 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Donnell Fred Dietrich, Student Embalmer No. 58

working under my personal supervision.

Student D. Fred Dietrich
Signature of Student Embalmer

Signed Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Dedo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.