

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013133

FILED VS APR 4 1960

2 3411

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 25 days	c. CITY OR TOWN Cadet Rt. 1 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Mi. E. of Old Mines Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Paul Middle Ciprin Last Robart			4. DATE OF DEATH Month 3 Day 24 Year 60			
5. SEX Male	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 9/11/1886	9. AGE (last birthday) 73	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) Retired Miner		10b. KIND OF BUSINESS OR INDUSTRY Barite		11. BIRTHPLACE (City and state or country) Wash. Co. MO.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Eli Robart		13b. MOTHER'S MAIDEN NAME Lucy Boyer		14. NAME OF HUSBAND OR WIFE Roselle Thebeau		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 155.1		17. INFORMANT Lloyd Robart Address Cadet Rt. 1, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH HAS CAUSED BY: IMMEDIATE CAUSE (a) Anemia and probable hepatic failure		INTERVAL BETWEEN ONSET AND DEATH 30 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) gastrointestinal hemorrhage + jaundice	
	DUE TO (c) carcinoma of ampulla of Vater	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 WORK <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 **March 9, 1960** to **March 24, 1960** and last saw **him** alive on **March 24, 1960**
Death occurred at **12:10 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert H. Farley M.D.		22b. ADDRESS 1325 S. Grand Blvd. St. Louis 4		22c. DATE SIGNED 3-24-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 28, 1960	23c. NAME OF CEMETERY OR CREMATORY St. Joachims		23d. LOCATION (City, town, or county) (State) Old Mines Mo.
24. FUNERAL DIRECTOR Arthur W. Smith, Potosi, Mo.		25. DATE RECD. BY LOCAL REG. MAR 25 1960		26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

90

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

was embalmed by
Lawrence H. H.

Licensed Embalmer No. _____

P. O. Address _____

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