

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014773

FILED VS. APR 18 1960 118

Primary Registration District No. 5440 Registrar's No. 13

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clay Twp.		Length of stay in 1b 7 months		c. CITY OR TOWN Bland		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Canaan			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Clyde Middle Elmer Last Roberson				4. DATE OF DEATH Month April Day 11 Year 1960			
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 9-13-1917	9. AGE (last birthday) 42	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) common laborer		10b. KIND OF BUSINESS OR INDUSTRY common labor		11. BIRTHPLACE (City and state or country) Canaan, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Samuel Roberson			13b. MOTHER'S MAIDEN NAME Lizzie Paasch		14. NAME OF HUSBAND OR WIFE Vera Mary Miner Robers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW II			16. SOCIAL SECURITY NO. 497-05-7341	17. INFORMANT Address on Mrs. Vera Roberson Canaan, 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) Carcinoma L. Lung						INTERVAL BETWEEN ONSET AND DEATH 6 wks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <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 _____ a.m. _____ p.m. Month, Day, Year _____							
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 Canaan, Mo.		COUNTY Gasconade STATE Mo.	
21. I attended the deceased from 3-4-60 10:15 p. 4-11-60 and last saw him alive on 4-10-60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Paul Stroetter, M.D. (Degree or title)				22b. ADDRESS Owensville, Mo.		22c. DATE SIGNED 4-12-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-14-1960	23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery		23d. LOCATION (City, town, or county) (State) near Owensville, Mo.			
24. FUNERAL DIRECTOR Gottenstroetter F. Home Owensville, Mo. Malcolm H. Winter (Licensed Embalmer's Statement on Reverse Side)				25. DATE RECD. BY LOCAL REG. April 14, 1960		26. REGISTRAR'S SIGNATURE Mrs. Maurin Zappone	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 10 1960

STATEMENT BY LICENSED EMBALMER

MAY 8 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by me Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Malcolm H H 2

Licensed Embalmer No. 38

P. O. Address OWSEN

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.