

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019224

UNDE

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 96

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Osage</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u>		Length of stay in 1b <u>hrs</u>	c. CITY OR TOWN <u>Batesfield</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>✓</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Carl</u> Middle <u>Roberts</u> Last <u>Roberts</u>			4. DATE OF DEATH <u>5/24-60</u> Month <u>5</u> Day <u>24</u> Year <u>60</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/25/07</u> 9. AGE (last birthday) <u>53</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and state or country) <u>Batesfield Mo.</u> 12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Westphal</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>✓</u> 17. INFORMANT <u>Jewel Westphal, Elyssa Mo</u> Address - <u>✓</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>Cardiac Arrest</u> DUE TO (b) <u>Epidemioid Carcinoma arising in region of Chr. Osteomyelitis</u> DUE TO (c) <u>Hypertension Chr. Arterial, Severe</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>during Surgery.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (b)) <u>Chr. Osteomyelitis - 40 years duration</u>			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 <u>4 Mar 1958</u> to <u>24/5/60</u> and last saw him alive on <u>24/5/60</u> Death occurred at <u>9:25 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Beatrice Cook</u>		22b. ADDRESS <u>West Plains, Mo</u>	22c. DATE SIGNED <u>5 June 60</u>
23a. BURIAL, CREMATION, or REMOVAL (Specify)	23b. DATE <u>5/28-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Paul Hill</u>	23d. LOCATION (City, town, or county) <u>Batesfield Mo</u> (State)
24. FUNERAL DIRECTOR <u>Robertson Westphal Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>6-7-60</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 *D. D. Roberts*

Licensed Embalmer No. 3437

P. O. Address Wentz

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.