

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005201

AMENDED Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 33 STATE FILE NUMBER

FILED VS MAR 6 1961

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Howard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette, Mo. | | c. CITY OR TOWN Fayette | |
| Length of stay in 1b 2 days | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital | | d. STREET ADDRESS (If outside, give location) 109 S. Church | |
| 3. NAME OF DECEASED (Type or print) First Lee Middle Roberts Last Roberts | | 4. DATE OF DEATH Month Mar. Day 2 Year 1961 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7/12/1888 |
| 9. AGE (last birthday) 72 | | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HR Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY Laborer | 11. BIRTHPLACE (City and state or country) Douglas Co. Mo. |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Unknown | |
| 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE ----- | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. ----- | |
| 17. INFORMANT Mrs Hattie Talbot, Fayette, Mo | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation DUE TO (b) myocardial infarction DUE TO (c) ----- Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH 6 mo. 2 yrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 9:00 a.m. PM Month, Day, Year Mar. 2, 1961 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 9:00 June 1960 to Mar. 2-1961 and last saw her alive on Mar. 2-1961 Death occurred at 9:00 PM on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Wm G Shaw, MD | | 22b. ADDRESS Fayette Mo. | 22c. DATE SIGNED 3/3/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 3/3/1961 | 23c. LOCATION (City, town, or county) (State) Anatomical Board Univ. Medical Center Columbia, Missouri | |
| 24. FUNERAL DIRECTOR Ralph C. Carr | ADDRESS Fayette, Missouri | 25. DATE RECD. BY LOCAL REG. 3-3-61 | 26. REGISTRAR'S SIGNATURE Katherine Welch |

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

