

ISSUING DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED MAY 4 1961
AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **408F** **61-015563** STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 6 DAYS		c. CITY OR TOWN ST CLAIR
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FRISCO HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 360 KITCHELL
3. NAME OF DECEASED (Type or print) First Middle Last LAWRENCE E ROBERTS			4. DATE OF DEATH Month Day Year APRIL 29 1961		
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 11-3-1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (City and state or country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY U.S.B.		13a. FATHER'S NAME WESLEY		13b. MOTHER'S MAIDEN NAME BRITTON	
14. NAME OF HUSBAND OR WIFE Laura Roberts		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. no	
17. INFORMANT Laura E. Roberts - 360 Kitchell		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease with Failure and Decompensation		DUE TO (b) Diabetes Mellitus			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (c) Generalized Arteriosclerosis with impending Gangrene, both lower extremities			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260x				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 checked="" type="checkbox"/> NO <input 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 COUNTY STATE	
21. I attended the deceased from APRIL 27 1961 to APRIL 29 1961 and last saw him alive on APRIL 29 1961 Death occurred at 4:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Ernest J. Smith M.D.			22b. ADDRESS FRISCO HOSPITAL ST LOUIS MO		22c. DATE SIGNED 4/29/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 2 1961	23c. NAME OF CEMETERY OR CREMATORY Kinder Cemetery		23d. LOCATION (City, town, or county) (State) Cuba Missouri	
24. FUNERAL DIRECTOR Sherrill Kitchell		ADDRESS St. Clair, Mo.		25. DATE RECD. BY LOCAL REG. APR 29 1961	26. REGISTRAR'S SIGNATURE Ernest J. Smith, M.D.

MAY 10 1961

MAY 5 1961

STATEMENT BY LICENSED EMBALMER

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

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Shirley B. Mitchell

Licensed Embalmer No. 5873

P. O. Address St Clair Mo

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