

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040531

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 168

FILED NOV 27 1961

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| 1. PLACE OF DEATH a. COUNTY <u>Cooper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u> | Length of stay in 1b <u>46</u> Years. | c. CITY OR TOWN <u>Boonville</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS <u>104 W. Walnut</u> (If outside, give location) |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>Gladys</u> Middle <u>McRoberts</u> Last <u>Kalb.</u> | | | 4. DATE OF DEATH Month <u>November</u> Day <u>20</u> Year <u>1961</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 28, 1909</u> | 9. AGE (last birthday) <u>52</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </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>Own home</u> | 11. BIRTHPLACE (City and state or country) <u>Clarksburg, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Columbus R. McRoberts</u> | | 13b. MOTHER'S MAIDEN NAME <u>Laura Gold</u> | | 14. NAME OF HUSBAND OR WIFE <u>Marvin Kalb.</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u> | | | 17. INFORMANT <u>Marvin Kalb., Boonville, Mo.</u> Address | | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>generalized carcinomatosis</u> | | <u>14 months</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>carcinomatosis of the sigmoid colon</u> | <u>14 months</u> |
| | DUE TO (c) <u> </u> | <u> </u> |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u> | | 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 |
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| 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.) <u> </u> |
| 20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u> | | |

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| 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.) <u> </u> | 20f. CITY, TOWN, OR LOCATION <u> </u> | COUNTY <u> </u> | STATE <u> </u> |
|--|---|---|---------------------|--------------------|

21. I attended the deceased from Sept. 30, 1960 to 11-20-61 and last saw her/him alive on 11-19-61
Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | 22b. ADDRESS <u>329 Main St.</u> | 22c. DATE SIGNED <u>Nov. 20</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Nov. 22, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Boonville, Mo.</u> | (State) <u>1961</u> |
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| 24. FUNERAL DIRECTOR <u>Goodman & Boller, Boonville, Mo.</u> | ADDRESS <u> </u> | 25. DATE RECD. BY LOCAL REG. <u>11/21/61</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |
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DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

MAY 15 1962

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 William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.