

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000952

STATE FILE NUMBER

AMENDED

Registration District No. 100 Primary Registration District No. _____ Registrar's No. 4

FILED JAN 15 1962

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springcreek</u>		Length of stay in 1b <u>5 yrs</u>	c. CITY OR TOWN <u>Salem</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>at home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <u>rt 3</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Orben E Roberts</u>			4. DATE OF DEATH Month Day Year <u>Jan 10 1962</u>
5. SEX <u>male</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>3-11-14</u>
9. AGE (last birthday) <u>47</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retail</u>	11. BIRTHPLACE (City and state or country) <u>Dent Co Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U S A</u>			
13a. FATHER'S NAME <u>Mathrew Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Alberta Hayes</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruth Ellis Roberts</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address <u>Mrs Orben Roberts rt 3 Salem Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Carcinomatosis (Gastric neoplasm) 012-8...</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8-9 mo</u>
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 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 <u>Apr. 1949</u> to <u>1/8/62</u> and last saw him alive on <u>1/5/62</u> Death occurred at <u>11:55 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Marion Mart M.D.</u> (Degree or title)		22b. ADDRESS <u>Salem Missouri</u>	22c. DATE SIGNED <u>1/11/62</u>
23b. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>1-13-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>North Lawn</u>	23d. LOCATION (City, town, or county) (State) <u>Dent Co Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Spencer Funeral Home Inc</u>		25. DATE RECD. BY LOCAL REG. <u>1/11/62</u>	26. REGISTRAR'S SIGNATURE <u>M. M. East M.D.</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl H. Jumper

Licensed Embalmer No. 2970

P. O. Address Palmer

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.