

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-006363

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 13

STATE FILE NUMBER

AMENDED

FILED MAR 5 1962

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Cooper</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fayette</u>		Length of stay in 1b <u>1 yr</u>		c. CITY OR TOWN <u>Pilot Grove</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>Rest Haven Nursing</u>				Side Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>←</u>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>SAHMY RICE ROBERTS</u>				4. DATE OF DEATH: <u>Feb 28, 1962</u> Month Day Year				
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>wh</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>April 20, 1866</u>		
9. AGE (last birthday) <u>95</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>same</u>		11. BIRTHPLACE (City and state or country) <u>Landmark, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Grigsby</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Blanton</u>			13c. NAME OF HUSBAND OR WIFE <u>W. E. Roberts</u>		
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)				16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Harold Mitchell, Independence MO</u> 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) <u>Cerebral Neurosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 days</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 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 <u>—</u> a.m. <u>—</u> p.m. <u>—</u>		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>Feb 5, 1962</u> to <u>Feb 28, 1962</u> and last saw her <u>alive</u> on <u>Feb 25, 1962</u> Death occurred at <u>4:00 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Louis J. Shaw MD</u>				22b. ADDRESS <u>St. Louis, Mo</u>		22c. DATE SIGNED <u>3-2-62</u>		
23a. BIRTH, CREMATION, OR BURIAL (Specify)		23b. DATE <u>Mar. 3, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove Home</u>		23d. LOCATION (City, town, or county) (State) <u>Pilot Grove, MO</u>		
24. GENERAL DIRECTOR <u>Ways - Painter, Pilot Grove, MO</u>				25. DATE RECD. BY LOCAL REG. <u>3-2-62</u>		26. REGISTRAR'S SIGNATURE <u>Katherine Welch</u>		

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

Robert L. Painter

Licensed Embalmer No.

4069

P. O. Address

Pilot Grove,

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.