

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-015775

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 164 Primary Registration District No. 3052 Registrar's No. 64

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10515  
20510

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

FILED MAY 7 1962	
<p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <u>Johnson</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg</u> Length of stay in lb <u>3 years</u></p> <p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ross Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u></p> <p>c. CITY OR TOWN <u>Holden</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>No. Market</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>3. NAME OF DECEASED</b> First Middle Last <u>Thomas Lee Roberts</u></p>	
<p><b>4. DATE OF DEATH</b> Month Day Year <u>April 29, 1962</u></p>	
<p><b>5. SEX</b> <u>Male</u></p>	<p><b>6. COLOR OR RACE</b> <u>White</u></p>
<p><b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p><b>8. DATE OF BIRTH</b> <u>7-28-1875</u></p>
<p><b>9. AGE</b> (last birthday) <u>86</u></p>	<p><b>IF UNDER 1 YEAR</b> Months Days <b>IF UNDER 24 HR</b> Hours Min.</p>
<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u></p>	<p><b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Agriculture</u></p>
<p><b>11. BIRTHPLACE</b> (City and state or country) <u>Missouri</u></p>	<p><b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA.</u></p>
<p><b>13a. FATHER'S NAME</b> <u>James Allen Roberts</u></p>	<p><b>13b. MOTHER'S MAIDEN NAME</b> <u>Nancy Margaret Wiede</u></p>
<p><b>14. NAME OF HUSBAND OR WIFE</b> <u>Dec.</u></p>	
<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></p>	<p><b>16. SOCIAL SECURITY NO.</b> <u>none</u></p>
<p><b>17. INFORMANT</b> <u>Mrs. Roy Bram, Holden, Mo.</u></p>	<p>Address</p>
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last. DUE TO (b) <u>Generalized arteriosclerosis</u></p> <p>DUE TO (c)</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral thrombosis in 1960</u></p> <p>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</p> <p>INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u></p>	
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p><b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/></p>
<p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p><b>20c. TIME OF INJURY</b> Hour Month, Day, Year</p>	
<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	<p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>
<p><b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE</p>	
<p><b>21. I attended the deceased from</b> <u>1960</u> to <u>4-29-62</u> and last saw her alive on <u>4-29-62</u></p> <p>Death occurred at <u>9:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p><b>22a. SIGNATURE</b> <u>Lee Cooper M.D.</u> (Degree or title)</p>	<p><b>22b. ADDRESS</b> <u>Warrensburg Mo</u></p>
<p><b>22c. DATE SIGNED</b> <u>4-30-62</u></p>	
<p><b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>burial</u></p>	<p><b>23b. DATE</b> <u>May 1, 1962</u></p>
<p><b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Holden Cemetery</u></p>	<p><b>23d. LOCATION</b> (City, town, or county) (State) <u>Holden, Mo.</u></p>
<p><b>24. FUNERAL DIRECTOR</b> <u>E B CAST HOLDEN MO</u></p>	<p><b>25. DATE RECD. BY LOCAL REG.</b> <u>Apr 30, 1962</u></p>
<p><b>26. REGISTRAR'S SIGNATURE</b> <u>Savannah Cutlerfield</u></p>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 *E. B. Cash*

Licensed Embalmer No. 4059

P. O. Address Holden, 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.