

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-028271

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. \_\_\_\_\_ Registrar's No. 51

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 24 1962

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Ripley</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY _____                                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Doniphan</u>  |   | c. CITY OR TOWN _____   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Ripley Co. Memorial</u>   |   | d. STREET ADDRESS (If outside, give location) _____   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>ERVIN</u> Middle <u>Clay</u> Last <u>Roberts</u>  |   | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>12</u> Year <u>1962</u>  |  |
| 5. SEX <u>MALE</u>  | 6. COLOR OR RACE <u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7-12-1962</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____   |   | 10b. KIND OF BUSINESS OR INDUSTRY _____   | 9. AGE (last birthday) <u>INFANT</u><br>IF UNDER 1 YEAR: Months _____ Days _____<br>IF UNDER 24 HR: Hours _____ Min. <u>5</u>  |
| 11. BIRTHPLACE (City and state or country) <u>Doniphan, Mo.</u>   |   | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME <u>Paul Roberts</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>Junita Gore</u>  | 14. NAME OF HUSBAND OR WIFE _____  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>  |   | 16. SOCIAL SECURITY NO. _____   | 17. INFORMANT <u>Paul Roberts</u><br>Address <u>Ellisville, Mo.</u>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Prematurity</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____<br>DUE TO (c) _____ |   |   | INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>   |
| 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.<br><input type="checkbox"/> Yes <input 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 _____ 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>birth</u> to <u>11 PM 7-12-62</u> and last saw him alive on _____<br>Death occurred at <u>Doniphan, Mo.</u> _____<br>I certify that the above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE <u>Gene J. Leary, M.D.</u> (Degree or title)   |   | 22b. ADDRESS <u>Doniphan, Mo.</u>   |  |
| 22c. DATE SIGNED <u>7-16-62</u>   |   |   |  |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>  | 23b. DATE <u>7-12-1962</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Yount Cemetery</u>  | 23d. LOCATION (City, town, or county) (State) <u>REYNOLDS Co. Mo.</u>  |
| 24. FUNERAL DIRECTOR <u>Edwards Funeral Home - Doniphan, Mo.</u> ADDRESS _____  |   | 25. DATE RECD. BY LOCAL REG. <u>7-12-62</u> 26. REGISTRAR'S SIGNATURE <u>Flava, Brzy</u>  |  |

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 7-12-62 no. 24

**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 Donald Sloan

Licensed Embalmer No. 5127

P. O. Address Doniphan, 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.