

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-028318

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registered District No. 311 Primary Registration District No. 4456 Registrar's No. 38

FILED AUG 8 1962

VS 300
Rev. 4/59

1 0930

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

1. PLACE OF DEATH a. COUNTY ST. CHARLES ST. CHAR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Appleton City Length of stay in 1b 1 hr		c. CITY OR TOWN Rockville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ELLETT, M. Hosp. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1 1/2 Mi N.E Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last OSCAR BURNETT ROBERTS			4. DATE OF DEATH Month Day Year Aug 4-62
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug 17-87 9. AGE (last birthday) 74 IF UNDER 1 YEAR Months 11 Days 7 IF UNDER 24 HR Hours 7 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Rockville Mo. 12. CITIZEN OF WHAT COUNTRY USA.
13a. FATHER'S NAME GLONZO ROBERTS.		13b. MOTHER'S MAIDEN NAME JULIA POLZIN	14. NAME OF HUSBAND OR WIFE WILLA ROBERTS.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW1		17. INFORMANT Address WILLA ROBERTS Rockville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours
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 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 3 Aug 62 to 4 Aug 62 and last saw him alive on 4 Aug 62 Death occurred at 12:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. H. Ellett M.D.		22b. ADDRESS Appleton City	22c. DATE SIGNED 4 Aug 62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-6-62	23c. NAME OF CEMETERY OR CREMATOR Appleton City	23d. LOCATION (City, town, or county) (State) Appleton City Mo.
24. FUNERAL DIRECTOR ADDRESS Loew Embryg Appleton City Mo Aug 5-62		25. DATE RECD BY LOCAL REG.	26. REGISTRAR'S SIGNATURE Chas. Atney

USE BLACK INK OR TYPEWRITER RIBBON

M. H. ELLETT, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 24 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

W. Earl Estoff

Licensed Embalmer No.

3942

P. O. Address

Appleton City, 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.