

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036636

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8977**

STATE FILE NUMBER

FILED SEP 24 1962	
1. PLACE OF DEATH a. COUNTY Missouri	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Crawford
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri. Length of stay in lb	c. CITY OR TOWN Steelville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Earl Ellis Roberts	4. DATE OF DEATH Month Day Year September 14, 1962
5. SEX Male	6. COLOR OR RACE White
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/9/1885
9. AGE (last birthday) 77	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney
10b. KIND OF BUSINESS OR INDUSTRY Law	11. BIRTHPLACE (City and state or country) Steelville, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.	13a. FATHER'S NAME Millard Roberts
13b. MOTHER'S MAIDEN NAME Margaret Dickson	14. NAME OF HUSBAND OR WIFE Norma
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Norma Roberts, Steelville, Mo. 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) <i>acute myocardial infarction - jugular thrombosis</i> DUE TO (b) <i>Hypertensive Cardiovascular Disease 6-8 year</i> DUE TO (c) <i>Benign prostatic Hypertrophy</i> 20 year PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Emphysema, Obstructive</i> 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 checked="" 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.) 420.1	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 <i>May 9, 1961</i> to <i>present</i> and last saw him/her alive on <i>Sept 14, 1962</i> Death occurred at <i>6:55 pm</i> on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) <i>William N. Blalock MD</i>	22b. ADDRESS <i>St. Louis 8, Missouri</i> 22c. DATE SIGNED <i>6/16/62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-17-1962
23c. NAME OF CEMETERY OR CREMATORY Steelville Cemetery	23d. LOCATION (City, town, or county) (State) Steelville, Mo.
24. FUNERAL DIRECTOR ADDRESS Halbert Funeral Home, Steelville, Mo.	25. DATE RECD. BY LOCAL REG. SEP 17 1962
26. REGISTRAR'S SIGNATURE <i>Road Smith, M.D.</i>	

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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OCT 3 1962 8 130

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 M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis 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.