

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-039700

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 287

FILED NOV 2 1962

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Rev. 4/59.

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY **Pettis**
 *b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Sedalia** Length of stay in lb. OR TOWN **8 hours**
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **DOA Bothwell Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Barton**
 c. CITY OR TOWN **Lamar** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **104 West 13th Street** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
LESLIE DEWEY ROBERTS **10 31 62**

5. SEX **M** 6. COLOR OR RACE **W** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **4-9-98** 9. AGE (last birthday) **64 yrs** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Salesman** 10b. KIND OF BUSINESS OR INDUSTRY **Douglas Candy Co** 11. BIRTHPLACE (City and state or country) **Fairfield, Iowa** 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME **John L. Roberts** 13b. MOTHER'S MAIDEN NAME **Viola Canterbury** 14. NAME OF HUSBAND OR WIFE **Pauline Roberts**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) **WW II** 16. SOCIAL SECURITY NO. **11** 17. INFORMANT Address **Mrs. Pauline Roberts, 104 W. 13th**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Acute Coronary Occlusion** INTERVAL BETWEEN ONSET AND DEATH **1 hour**
 DUE TO (b) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 **viewed the body of the deceased, as Deputy Coroner of Pettis County, at 2:15 AM on 10-31-62** and last saw him **live on** _____
 Death occurred at **1:45 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **J.M. Rodeman M.D. Deputy Coroner Pettis County** 22b. ADDRESS **Lordon Bldg. Sedalia, Mo** 22c. DATE SIGNED **10-31-62**

22b. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Nov. 3, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Lakecemetery** 23d. LOCATION (City, town, or county) (State) **Lamar, Missouri**

24. FUNERAL DIRECTOR ADDRESS **D. W. Heckart, Gillespie Funeral Home Sedalia, Missouri** 25. DATE RECD. BY LOCAL REG. **Oct 31, 1962** 26. REGISTRAR'S SIGNATURE **Francis Shelley per N. Anderson**

NOV 7 1962

MAR 19 1963

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 John R. Sumner

Licensed Embalmer No. 5173

P. O. Address Sedalia 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.