

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041834

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 46 Primary Registration District No. 5150 Registrar's No. 58

FILED NOV 26 1962

VS 300  
Rev. 4/59

1 130  
2 130

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4 0  
5 1  
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7 1  
8 0  
9 4201  
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12 91-2  
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Caldwell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hamilton Twp.</b>		c. CITY OR TOWN <b>Hamilton</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>In route to Hosp.</b>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <b>Carl</b> Middle <b>William</b> Last <b>Roberts</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>19,</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-17-1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hotel Prop.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hotel</b>	11. BIRTHPLACE (City and state or country) <b>Kansas</b>
13a. FATHER'S NAME <b>William D. Roberts</b>		13b. MOTHER'S MAIDEN NAME <b>Mendia Cox</b>	14. NAME OF HUSBAND OR WIFE <b>Lou Ella Roberts</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>4</b>	17. INFORMANT Address
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Myocardial Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b>			<b>10 yrs</b>
DUE TO (c) <b>Arteriosclerosis</b>			<b>5 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			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 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 <b>3/2-6/62</b> to <b>11-19-62</b> and last saw <sup>her</sup> him alive on <b>9-15-62</b> Death occurred at <b>2:30A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Alvin P. Rattie M.D.</i>		22b. ADDRESS <i>Hamilton, Mo</i>	22c. DATE SIGNED <b>11-19-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>11/21/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Grove Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Wilson Co., Kansas</b>
24. FUNERAL DIRECTOR ADDRESS <b>Morris A. Gram Hamilton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov 21-62</b>	26. REGISTRAR'S SIGNATURE <i>Gladys Jones</i>

USE BLACK INK OR TYPEWRITER RIBBON

NOV 29 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 Morris A. Bram

Licensed Embalmer No. 3918  
P. O. Address Hamilton, 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.