

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15008

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 581

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>Helena</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>50 days</b>		e. STREET ADDRESS (If rural, give location) <b>0020 / 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Josephs Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Dow</b> c. (Last) <b>Roberts</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 3, 1954</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>October 21, 1888</b>	9. AGE (In years last birthday) <b>65</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. mechanic</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Helena, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Thomas Roberts</b>	13b. MOTHER'S MAIDEN NAME <b>Ellen Gwinn</b>	14. NAME OF HUSBAND OR WIFE <b>Ruby</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ruby Roberts, Helena, Missouri</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION.		INTERVAL BETWEEN ONSET AND DEATH <b>3-4 Months?</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gen. Carcinomatosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes M. + Peptic Ulcer</b>		<b>Several yrs</b>	

19a. DATE OF OPERATION <b>5-24-54</b>	19b. MAJOR FINDINGS OF OPERATION <b>Gen. Carcinoma (inoperable)</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **4-13, 1954** to **6-3, 1954**, that I last saw the deceased alive on **6-3, 1954**, and that death occurred at **9:20 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert H. Keiber, M.D.</b> (Degree or title)	23b. ADDRESS <b>1414 Park St. St. Joseph, Mo</b>	23c. DATE SIGNED <b>6-4-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/6/1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Helena Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Helena, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>June 7, 1954</b>	REGISTRAR'S SIGNATURE <b>Walter M. Allison</b>	485	25. FUNERAL DIRECTOR'S SIGNATURE <b>Heaton-Bowman</b>	ADDRESS <b>St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 9 1955

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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 *William Spalding*.....

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. S. P. A.

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.