Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 24 1958

STATE FILE NUMBER 1825

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial — Length of stay in Hospital 11 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Corder 0540 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 2 mi. S. of Corder, Mo. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Daisy Middle VanMeter Last Roberts

4. DATE OF DEATH Month Jan. Day 6 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH July 2, 1875
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months 6 Days 4 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home own
11. BIRTHPLACE (City and state or country) Corder, Missouri
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Oliver VanMeter
13b. MOTHER'S MAIDEN NAME Angelina Corder
14. NAME OF HUSBAND OR WIFE Dr. Joseph F. Roberts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Nellie Bell Address Corder, Missouri.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 2 weeks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic glomerulo nephritis — years
DUE TO (c) 592X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Acute Coronary Thrombosis
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 Dec. 26 57, to Jan 6-58 and last saw her/him alive on Jan 6-58
Death occurred at 3:00 p.m. upon the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. B. Koppenberg (Degree or title) M.D.
22b. ADDRESS Higginsville Mo
22c. DATE SIGNED Jan 7-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-8-58
23c. NAME OF CEMETERY OR CREMATORY Calvary
23d. LOCATION (City, town, or county) (State) Corder, Missouri.

24. FUNERAL DIRECTOR F. R. Hoefer ADDRESS Higginsville, Mo.
25. DATE RECD. BY LOCAL REG. 1-8-58
26. REGISTRAR'S SIGNATURE Minnie E. Eaglebush

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be valid. All diseases in Part I must be causally related.

MAR 20 1958

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 Forest R. Hoefer

Licensed Embalmer No. 4801

P. O. Address Higginsville, 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.