Health, Welfare Public Service

300
1-56

Doctor, coroner, etc: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006238
STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ross Nursing home — Length of stay in 1b 2 month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Holden — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) Route #5, Holden — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First JAMES Middle ALFRED Last ROBERTS
4. DATE OF DEATH Month Feb Day 9 Year 1958
5. SEX male
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 3/16/1873
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months 10 Days 23 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY own farm
11. BIRTHPLACE (City and state or country) Johnson County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Allan Roberts
14. MOTHER'S MAIDEN NAME Nancy Weide
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) XXXX
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Fanny Ragsdale, Holden, Missouri

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) Chr- Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 1 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 6 mo
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4221
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 Jan 1 1958 to 2-9-58 and last saw her/him alive on 2-9-58
Death occurred at 11:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE R. Lee Cooper MD (Degree or title)
22b. ADDRESS Warrensburg Mo
22c. DATE SIGNED 2-13-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 2/11/58
23c. NAME OF CEMETERY OR CREMATORY Holden Cemetery
23d. LOCATION (City, town, or county) (State) Holden, Missouri.
24. FUNERAL DIRECTOR ADDRESS Canaday and Ropp, Holden, Mo.
25. DATE RECD. BY LOCAL REG. Feb. 19, 1958
26. REGISTRAR'S SIGNATURE Lawrence Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No....343

P. O. Address Holden, Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.