

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017707
STATE FILE NUMBER

FILED MAY 22 1958

Registration District No. 99 Primary Registration District No. 4170 Registrar's No. 36

S. 300
1-57
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1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union Star		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Union Star
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in lb 52 yrs.	d. STREET ADDRESS (If outside, give location) (No Street Address)
3. NAME OF DECEASED (Type or print) First Middle Last John T. Roberts			4. DATE OF DEATH Month Day Year May 8, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 18, 1883
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and state or country) King City, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Roberts	
13b. MOTHER'S MAIDEN NAME (Unknown) Dawes		14. NAME OF HUSBAND OR WIFE Alice Roberts	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No None		16. SOCIAL SECURITY NO. 487-01-4386	17. INFORMANT Address Mrs. Alice Roberts Union Star
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Mitral regurgitation</u> DUE TO (b) <u>Aortic sclerosis</u> DUE TO (c) _____ Conditions, if any which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Years Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4210			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>1-20-58</u> to <u>5-8-58</u> and last saw her alive on <u>5-7-58</u> Death occurred at <u>6:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Black Oak M.D.</u>		22b. ADDRESS <u>King City</u>	22c. DATE SIGNED <u>5-9-58</u>
23a. BURIAL, CREMATION, REPLY (Specify)	23b. DATE <u>5/11/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Star Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Union Star Mo.</u>
24. FUNERAL DIRECTOR <u>Taggart-Woodrel</u>		ADDRESS <u>King City, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-11-58</u>
26. REGISTRAR'S SIGNATURE <u>Roscoe D. ...</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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

JUN 4 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 *Harold E. Woodruff*

Licensed Embalmer No. *4609*
P. O. Address *King City, N.C.*

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.