

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019220
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 243

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia 0804 0	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1720 S. Carr, Ave.		d. STREET ADDRESS 1720 S. Carr, Ave. (If outside, give location)	
Length of stay in lb 40 Yrs.		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LOGAN ROBERTS			4. DATE OF DEATH Month Day Year May 24, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 16, 1884
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) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Knob Noster, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George W. Roberts	
13b. MOTHER'S MAIDEN NAME Jane Adams		14. NAME OF HUSBAND OR WIFE Ruth Renfrow Roberts	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Ruth Roberts, Sedalia, Missouri Address 1720 S. Carr, Av.
18. CAUSE OF DEATH (Enter only one cause, putting for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arterio sclerotic Heart Disease Chronic DUE TO (b) arterio sclerotic DUE TO (c) diabetes chronic 260X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Paralysis agitans chronic			INTERVAL BETWEEN ONSET AND DEATH short
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) X		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. X	
20d. INJURY OCCURRED WHILE AT <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 Sedalia		COUNTY STATE	
21. I attended the deceased from Death occurred at 5 p.m. 1956 to 5/24/58 and last saw him alive on 5/24/58 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. W. Heckart (Degree or title)		22b. ADDRESS 500 W 16 Sedalia Mo	
22c. DATE SIGNED 5/26/58		22d. SIGNATURE Frances Shelby	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 26, 1958	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
24. FUNERAL DIRECTOR D. W. Heckart, Sedalia, Missouri		25. DATE RECD. BY LOCAL REG. May 31-1958	
ADDRESS		26. REGISTRAR'S SIGNATURE	

COPY TO BE KEPT IN THE OFFICE

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. 9 779 working under my personal supervision.

Student *Robert L. Sheffer*
Signature of Student Embalmer

Signed *D. W. Hebert*

Licensed Embalmer No. 3470
P. O. Address Sedalia, 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.