

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

1669 - 61-024930 STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 1669

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

**FILED JUL 24 1961**

1. PLACE OF DEATH  
a. COUNTY Henry

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor, Missouri Length of stay in lb 9 months c. CITY OR TOWN Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) near Norris Mo. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
ELSIE EDITH ROBERTS July 9, 1961

5. SEX F 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 9-1-1887 9. AGE (last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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 11. BIRTHPLACE (City and state or country) Beatrice, Nebr. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Brownlee 13b. MOTHER'S MAIDEN NAME Charlotte Earhart 14. NAME OF HUSBAND OR WIFE Elmer 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. 17. INFORMANT Address Nursing Home records

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) *Tasomafor Collapse and Shock*  
DUE TO (b) *Acute Coronary Occlusion*  
DUE TO (c) *Coronary Artery Disease*  
INTERVAL BETWEEN ONSET AND DEATH 2 hrs, 2 days, 1-2 yrs.

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) *Hypertensive Heart Disease*  
PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

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 Month, Day, Year a.m. p.m.

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 12-22-60 to 6-9-61 and last saw her him alive on July-9-61  
Death occurred at 108 pm on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Doctor or title) Claude M. Thurber, M.D. 21b. ADDRESS Windsor, Mo. 21c. DATE SIGNED 7-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE July 12, 1961 23c. NAME OF CEMETERY OR CREMATORY Laurel Oak 23d. LOCATION (City, town, or county) Windsor, Missouri

24. FUNERAL DIRECTOR Huston Funeral Home, Windsor, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. July 23, 1961 26. REGISTRAR'S SIGNATURE Mildred Bigum

(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 embalmed by me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Alvin H. Hunt

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.