

# SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-040852  
STATE FILE NUMBER

AMENDED

137 2023 270  
Primary Registration District No. Registrar's No.

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Henry</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton</b>		Length of stay in lb <b>28 Days</b>		c. CITY OR TOWN <b>Clinton</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Clinton General Hosp.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>RFD # 4,</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <b>GEORGE - ROBERTS</b>				<b>4. DATE OF DEATH</b> Month Day Year <b>Nov. 23, 1961</b>					
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>7/6/1879</b>	<b>9. AGE (last birthday)</b> <b>82</b>	<b>IF UNDER 1 YEAR</b> Months <b>4</b> Days <b>17</b>	<b>IF UNDER 24 HR</b> Hours <b>17</b> Min.			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Horse breeder &amp; Farmer</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Henry Co., Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>		
<b>13a. FATHER'S NAME</b> <b>James Roberts</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Brown</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>Vena Roberts</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>				<b>17. INFORMANT</b> <b>RFD: # 4,</b> <b>Mrs. Vena Roberts, Clinton, Mo.</b>					
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive heart failure</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>  <b>6 years</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fracture left hip</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)							
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year									
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>	
<b>21. I attended the deceased from</b> <b>January 1950</b> <b>to</b> <b>November, 1961</b> <b>and last saw him alive on</b> <b>11-23-61</b> Death occurred at <b>8:25 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
<b>22a. SIGNATURE</b> (Degree or title) <b>James O. Smith MD</b>				<b>22b. ADDRESS</b> <b>Clinton, Missouri</b>		<b>22c. DATE SIGNED</b> <b>11-27-61</b>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>23b. DATE</b> <b>Nov. 26, 1961</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Stone's Chapel Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Montrose, Mo. Rural</b>				
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>H. H. Harsant, Clinton, Mo.</b>				<b>25. DATE RECD. BY LOCAL REG.</b> <b>Nov. 27, 1961</b>		<b>26. REGISTRAR'S SIGNATURE</b> <b>Mildred Biggers</b>			

**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 W. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, W.

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.