

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-003373

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 3/6 Primary Registration District No. 3060 Registrar's No. 59

FILED FEB 14 1962

| | | | | | | | |
|---|--|---|---|--|--|--|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY ST FRANCOIS | | b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN FARMINGTON MO. | | a. STATE MISSOURI b. COUNTY ST FRANCOIS | | c. CITY OR TOWN FARMINGTON | |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 106 Potosi | | Length of stay in 1b | | d. STREET ADDRESS 106 POTOSI | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) PEARL ROBERTS | | | | 4. DATE OF DEATH FEB. 6 1962 | | | |
| 5. SEX FEMALE | | 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 1/6/87 | |
| 9. AGE (last birthday) 75 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE | | 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME | | 11. BIRTHPLACE (City and state or country) JEFFERSON COUNTY MO: U.S.A. | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE | | 12. CITIZEN OF WHAT COUNTRY | |
| 13a. FATHER'S NAME JOHN HUNT | | | 13b. MOTHER'S MAIDEN NAME NANCY JANE MITCHELL | | | 14. NAME OF HUSBAND OR WIFE H.D. ROBERTS | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | | 16. SOCIAL SECURITY NO. -- | | | 17. INFORMANT H.D. ROBERTS FARMINGTON MO. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease</i> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs |
| DUE TO (b) <i>Serulity</i> | | | | | | | |
| DUE TO (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 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.) | | | |
| 20c. TIME OF INJURY | | Hour a.m. p.m. | | Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 | | COUNTY STATE | |
| 21. I attended the deceased from <i>Nov 1960</i> to <i>Feb 6, 1962</i> and last saw her alive on <i>Jan 29, 1962</i> . Death occurred at <i>17:30 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <i>R. A. Heckstop</i> (Degree or title) M.D. | | | | 22b. ADDRESS <i>Farmington, MO</i> | | 22c. DATE SIGNED <i>2/7/62</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 2/9/62 | | 23c. NAME OF CEMETERY OR CREMATORY MASONIC | | 23d. LOCATION (City, town, or county) FARMINGTON MO. (State) | |
| 24. FUNERAL DIRECTOR C.H. COZEAN FARMINGTON MO. ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. <i>Feb 7, 1962</i> | | 26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i> | |

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

FEB 19 1962

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 _____

Ch Cozeman
4084
Licensed Embalmer No. _____

P. O. Address *Armyter No*

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.