

FILED APR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8543
1399

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2728 Holly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOE</u>		b. (Middle) _____	
c. (Last) <u>ROBERTS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 22 1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>May 14 1897</u>
9. AGE (In years last birthday) <u>54</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Overton Coal Co</u>	11. BIRTHPLACE (State or foreign country) <u>Texas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>JOHN ROBERTS</u>		13b. MOTHER'S MAIDEN NAME <u>LILLY FERGUSON</u>	
14. NAME OF HUSBAND OR WIFE <u>VIOLA ROBERTS</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>496-09-7573</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Viola Roberts</u> ADDRESS <u>2728 Holly</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		491X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac dilatation</u>		1 week plus	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (min) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>3/20</u> , 1952, to <u>3/22</u> , 1952, that I last saw the deceased alive on <u>3/22</u> , 1952, and that death occurred at <u>12:15 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. R. Becker MD</u> (Degree or title)		23b. ADDRESS <u>4000 Ballmore Kansas City, Mo</u>	
23c. DATE SIGNED <u>3/24/52</u>		24. LOCATION (City, town, or county) (State) <u>Lone Jack Missouri</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Mar 25 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lone Jack Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lone Jack Missouri</u>
DATE REC'D BY LOCAL REG. <u>3-25-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dwight Robin</u> ADDRESS <u>20 W Linwood</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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~~

.....
working under my personal supervision.

Student Embalmer No.

Signed *Forrest D. Caddison*

Signed.....
Student Embalmer

Licensed Embalmer No. *4714*

P. O. Address. *R. P. Mes*

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 this body is not embalmed, fact should be so stated above.