

FILED JUL 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23135  
2877

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1602		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Colo. b. COUNTY FREMONT			
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) Unknown		c. CITY OR TOWN Chandler		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital				e. STREET ADDRESS (If rural, give location) Unknown 4058			
3. NAME OF DECEASED (Type or Print) a. (First) Reese b. (Middle) Wiley c. (Last) Roberts			4. DATE OF DEATH (Month) (Day) (Year) 6-18-54				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH May 21-1927	
9. AGE (In years last birthday) 27		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Chandler, Colo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Reese T. Robert		13b. MOTHER'S MAIDEN NAME Maud Mack		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) World War No 2		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Major Thomas E Roberts, Montevideo, Minn.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Fractured Leg, fracture of Skull  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH 270 26 / 45					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Identity unknown as yet				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide 2		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mall		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cherry City Jackson, Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-18-54	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell or jumped from 1st story window					
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I got the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date listed above.							
23a. SIGNATURE Hugh H. Owens (Degree or title)				23b. ADDRESS 1034 Pratts Bldg.		23c. DATE SIGNED 6-19-54	
24a. BUHAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 24-1954		24c. NAME OF CEMETERY OR CREMATORY Cannon		24d. LOCATION (City, town, or county) (State) Cannon City Colo.	
DATE REC'D BY LOCAL REG. 6-25-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Passantino Bros KCMO			

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Francis Walton*.....

Licensed Embalmer No. *274*

P. O. Address *18 Cm*.....

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.