

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1412**

FILED JAN 20 1955

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 4237		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RAYTOWN		c. LENGTH OF STAY (In this place) 3 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RAYTOWN		2000	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5507 Hunter				d. STREET ADDRESS (If rural, give location) 5507 Hunter			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK			b. (Middle) EDWARD		c. (Last) ROBERSON		4. DATE OF DEATH (Month) (Day) (Year) Jan. 8, 1955
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 9, 1907	
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months 9		IF UNDER 12 HRS. Days 29		Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Foreman			10b. KIND OF BUSINESS OR INDUSTRY C, ay & Bailey Mfg. DUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Garmie Roberson			13b. MOTHER'S MAIDEN NAME Lizzie Thiemann		14. NAME OF HUSBAND OR WIFE Rosalee Roberson		
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. XXXXX		17. INFORMANT'S SIGNATURE OR NAME Rosalee Roberson, Kansas City 20Mo			ADDRESS 20Mo
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Coronary heart disease			5 yrs
				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 did not attend , 19 55 , that I last saw the deceased alive on 1-8 , 19 55 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE D. McEubank M.D.				23b. ADDRESS Raytown Mo		23c. DATE SIGNED 1-11-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 11, 1955		24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery		24d. LOCATION (City, town, or county) (State) Jackson Co. Mo	
DATE REC'D BY LOCAL REG. 1-11-55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Raytown Mo	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed: *E. Clark Heger*

Licensed Embalmer No. 3983

P. O. Address Raytown Mo

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.