

FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16568  
2075

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. \_\_\_\_\_

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 Kansas City

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1

e. STREET ADDRESS (If rural, give location) 3011 Prospect 33880

3. NAME OF DECEASED  
a. (First) Lula b. (Middle) B. c. (Last) Roberts

4. DATE OF DEATH (Month) (Day) (Year) 5 4 1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 8-19-1877

9. AGE (In years) (Months) (Days) (If under 1 year) (If under 24 hrs.) 78 78 78

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and State or Foreign Country) Salem, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME "Unk" Coviness

14. NAME OF HUSBAND OR WIFE Fred Roberts

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. 496-07-996

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary O. White: Same

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) Old and recent myocardial infarction  
ANTECEDENT CAUSES  
DUE TO (b) Severe coronary arteriosclerosis  
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  
4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 11, 1956, to May 4, 1956, that I last saw the deceased alive on May 4, 1956, and that death occurred at 12:50A m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) M.D.

23b. ADDRESS 24th & Cherry

23c. DATE SIGNED 5-4-1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-12-56

24c. NAME OF CEMETERY OR CREMATORY Greenlawn

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 5-12-56

REGISTRAR'S SIGNATURE neva minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B.G. Weibel, L.C.S., Mo.

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

JAN 9 1959

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..... *B. E. Weibel*.....

Licensed Embalmer No. *4072*

P. O. Address *X. C. S. M.*

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.