

FILED NOV 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33420**

BIRTH NO.		REG. DIST. NO. <b>393</b>	PRIMARY REG. DIST. NO. <b>1002</b>	Registrar's No. <b>4521</b>
1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY, N.</b>		c. LENGTH OF STAY (in this place) <b>27 yrs</b>	c. CITY OR TOWN <b>KANSAS CITY, N.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>103 BRIARCLIFF Rd</b>		e. STREET ADDRESS (If rural, give location) <b>010 103 BRIARCLIFF Rd 5060</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rodney</b>		b. (Middle) <b>E.</b>	c. (Last) <b>ROBERTS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 16, 1956</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>June 16, 1909</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>47</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>K.C. Power &amp; Light Inspector</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZENRY OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Newman Roberts</b>		13b. MOTHER'S MAIDEN NAME <b>Alta Evans</b>	14. NAME OF HUSBAND OR WIFE <b>CORA ROBERTS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY (If yes, give war or dates of service) <b>487-01-0443</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mar Cora Roberts K.C. 16 Mo.</b>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Metastatic Carcinoma Brain</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Bronchiogenic Carcinoma, Right</b> 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 <b>8 weeks</b>  <b>10/21</b>
19a. DATE OF OPERATION <b>4/27/56</b>	19b. MAJOR FINDINGS OF OPERATION <b>See above</b>		20. AUTOPSY? YES <input 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) m.	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 <b>4/17, 1956</b> , to <b>10/16, 1956</b> that I last saw the deceased alive on <b>10/16, 1956</b> , and that death occurred at <b>1:15 P.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Neval Minshall MD</b>		23b. ADDRESS <b>4030 N Oak Hill Rd Mo</b>	23c. DATE SIGNED <b>10/16/56</b>	
24a. PARTIAL CREMATION REMOVAL (Specify) <b>None</b>	24b. DATE <b>Oct 18-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Pleasant Cem</b>	24d. LOCATION (City, town, or county) (State) <b>New Franklin, Mo</b>	
DATE REC'D BY LOCAL REG <b>10-17-56</b>	REGISTRAR'S SIGNATURE <b>Neval Minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D.W. Newton's Sons N.K.C. Mo</b>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD James E. McCumick

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 *John Kalsbeek* .....

Licensed Embalmer No. *494* .....

P. O. Address *No. 2 Kansas* .....

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.