

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

57 0 17 491  
 STATE FILE NUMBER  
 3026 Registrar's No. 217

FILED JUN 3 1957  
 30981-57

Registration District No. 146 Primary Registration District No.

300  
 1-57 0

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jackson</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Independence, Mo.</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Independence</b> <i>7005</i><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Indep. Sanit. &amp; Hosp</b>   |                                  | Length of stay in lb<br><b>1 1/2 Days</b>   | d. STREET ADDRESS (If outside, give location)<br><b>206 S. Osage</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First <b>PATRICIA</b> Middle <b>ANN</b> Last <b>ROBERTS</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>20</b> Year <b>1957</b>   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>May 18, 1957</b>   |
| 9. AGE (In years last birthday)<br><b>0</b>  |                                  | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>1 1/2</b>  | IF UNDER 24 HRS.<br>Hours <b></b> Min. <b></b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Infant</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Infant</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Independence, Missouri</b><br><b>Indep. Sanit. &amp; Hosp.</b>   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |                                  | 13a. FATHER'S NAME<br><b>Richard D. Roberts</b>   |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Glenice A. McCullough</b>  |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no none</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>none</b>  | 17. INFORMANT<br><b>Richard D. Roberts, 206 S. Osage, Indep. Mo.</b><br>Address   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>absectasis - Pneumonia</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Premature Birth 6 1/2 months gestation.</b><br>DUE TO (c) <b></b> |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days.</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>7635</b>   |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour <b></b> Month, Day, Year<br>a.m. <b></b> p.m. <b></b>  |                                  | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                                  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |   |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____<br>Death occurred at <b>2:00 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |   |
| 22a. SIGNATURE<br><b>Fred W. Hank, M.D.</b> (Degree or title)  |                                  | 22b. ADDRESS<br><b>10229 Independence KC Mo</b>   | 22c. DATE SIGNED<br><b>5-20-57</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>May 20, 1957</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mound Grove Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Independence, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>George C. Carson, Independence, Mo.</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>5-20-57</b>  | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>   |

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must use only standard nomenclature in item 18. No symptoms will be listed. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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MAY 28 1957

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 Body Not Embalmed Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Harold E. Keenel

Licensed Embalmer No. 4609  
P. O. Address Indep. 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.