

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 15 1957

24797
STATE FILE NUMBER
3532

Registration District No. 149 Primary Registration District No. 1002 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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4238 OLIVE STREET			Length of stay in lb 28 YEARS		d. STREET ADDRESS (If outside, give location) 4238 OLIVE STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ZULA Middle M Last ROBERTSON			4. DATE OF DEATH Month July Day 26 Year 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUGUST 22, 1898	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STORES CLERK		10b. KIND OF BUSINESS OR INDUSTRY TRANS WORLD AIRLINES		11. BIRTHPLACE (City and state or country) INDIAN TERRITORY, OKLA.	
13. FATHER'S NAME DAN STANLEY			14. MOTHER'S MAIDEN NAME NELLIE HOLDEN		
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. 500-03-9668		17. INFORMANT VIVIAN UNDERWOOD, 2221 N. 41st St. K.C. KS.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Uremia DUE TO (b) Necrotizing Papillitis (Renal) DUE TO (c) Chronic & Recurrent Pyelonephritis					INTERVAL BETWEEN ONSET AND DEATH 3 mo ? 8 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 6000					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <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 10-15-1950 to July 26, 1957 and last saw her alive on July 26, 1957 Death occurred at 11 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Wm. H. Goodson, M.D.			22b. ADDRESS 730 Prof. Bg Kansas City, Mo		22c. DATE SIGNED 7/26/57
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE July 28, 1957	23c. NAME OF CEMETERY OR CREMATORY G. A. P. CEMETERY		23d. LOCATION (City, town, or county) (State) MIAMI OKLAHOMA
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS, KANSAS CITY, MO.		ADDRESS 7-27-57		25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Neva Minchall	

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Wm. H. Goodson Jr.

KP
2

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 *Chester L Bourn*

Licensed Embalmer No. *49*

P. O. Address *L.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.