Health, & Welfare Public Service

5. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-040163

STATE FILE NUMBER 5642

FILED DEC 11 1958 Registration District No. 149 Primary Registration District No. 1602 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN K.C., Mo. — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Gen Hospital # 1 — Length of stay in 1b 34 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1635 BELLEVIEW STREET — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Katherine Middle: G Last: Roberts

4. DATE OF DEATH Month Day Year: 11-27-1958

5. SEX Female

6. COLOR OR RACE Wh.

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH 2-12-80

9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC

11. BIRTHPLACE (City and state or country) ERIE County, PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ABRAHAM H. GIBBLE

13b. MOTHER'S MAIDEN NAME CATHERINE PEFFER

14. NAME OF HUSBAND ~~OR WIFE~~ JOHN F. ROBERTS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT ELLEN THORNBURG Address 1635 BELLEVIEW, K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Embolus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) surgery for fractured femur.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 6 9020

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) fell on floor

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 11-24-58

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

20f. CITY, TOWN, OR LOCATION Kansas City **COUNTY** Jackson **STATE** Mo.

21. I attended the deceased from 11-25-58, to 11-27-58 and last saw her/him alive on 11-27-58
Death occurred at 10:40 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Abraham Gelperin (Degree or title) M. D.

22b. ADDRESS K. C., Mo.

22c. DATE SIGNED 11-27-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

23b. DATE Nov. 30, 1958

23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomer's Sons

23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS City, MO

25. DATE RECD. BY LOCAL REG. 11-29-58

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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

Abraham Gelperin M. D.

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 .....

Licensed Embalmer No. 4481

P. O. Address Kansas City, 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.