Health, Welfare Public Service

300 -57

FILED VS JUL 27 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-025394

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3213

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Gen. Hosp. — Length of stay in 1b 1 HR.

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) 1305 Michigan — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Roberta Middle A. Last Roberts

4. DATE OF DEATH Month 6 Day 27 Year 1959

5. SEX Female 3

6. COLOR OR RACE Colored

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 1933

9. AGE (In years last birthday) 26 — 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) Unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Mississippi 1

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

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unkhown

14. NAME OF HUSBAND OR WIFE Unknown

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. Unknown

17. INFORMANT Brown-Hudson — Address Kansas City, Missouri

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) Hemorrhagic Shock

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) massive Left Hemothorax

DUE TO (c) Multiple Penetrating Stab Wounds of Left Lung

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) 1982X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒

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

8, 9, 10a, 11, 13a, 13b, 14, 15, 16 ITEM 17, 23a, 23b, 23c, 23d CORRECTED BY AFFIDAVIT OF Funeral Director 10-30-59 DEL

20c. TIME OF INJURY Hour a.m. Month, Day, Year 12:05 6/27/1959

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.) 1004 E 12

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

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Deputy Coroner L. M. Tillman M.D. 3

22b. ADDRESS 1618 Lydia Ave.

22c. DATE SIGNED 6/27/59

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

23b. DATE 8-28-59

23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn

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

24. FUNERAL DIRECTOR Brown-Hudson — ADDRESS K.C., Mo.

25. DATE RECD. BY LOCAL REG. 6-30-59

26. REGISTRAR'S SIGNATURE Neva Minshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

L. M. Tillman

Rec. 3-1233

Holding
Ckd. 7-16-59
B.T.

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 Laurence A. [illegible]

Licensed Embalmer No. 44[illegible]

P. O. Address 2304 [illegible]

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.