URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-036376

FILED VS NOV 2 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4982

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 2 hours
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Luke's — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson
c. CITY OR TOWN Prairie Village — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4320 W. 72nd St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Evelyn Middle A. Last Roberts
4. DATE OF DEATH: Month Oct. Day 14, Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: Aug. 24, 1917
9. AGE (last birthday): 42 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): unknown
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Noah Arnold
13b. MOTHER'S MAIDEN NAME: Ruby Calvin
14. NAME OF HUSBAND OR WIFE: William 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.: 487-03-7301
17. INFORMANT: Marti Robinson, Address: Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Shock

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

DUE TO (b): Sodium Fluoride Roach Poisoning

DUE TO (c):

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

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [X]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) History of Laughter Giving Roach Sodium Fluoride Poisoning to Parents
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year 10-13-59
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.)
20f. CITY, TOWN, OR LOCATION: Johnson COUNTY STATE Kans

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): Hugh H. Owens Corner
22b. ADDRESS: 1034 Rialto Bldg
22c. DATE SIGNED: 10-16-59

23a. BURIAL, CREMATION, REMOVAL (specify): Burial
23b. DATE: 10-16-59
23c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: Stine & McClure, ADDRESS: Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 10-16-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Hugh H. Owens

STATEMENT BY LICENSED EMBALMER

APR 5 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by Robert L. Landes, Student Embalmer No. 592

working under my personal supervision.

Student Robert L. Landes Signed Joe B. Yoder
Signature of Student Embalmer

Licensed Embalmer No. 417

P. O. Address K. C.

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