

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001847

FILED VS FEB 15 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 662 STATE FILE NUMBER

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		Length of stay in 1b 38 YRS		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 St. Mary's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1707 West 40th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last DAVID ROSS ROBERTS				4. DATE OF DEATH Month Day Year Feb 2-1960									
5. SEX MALE		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH JUNE 22-1890		9. AGE (last birthday) 69 YRS		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor				10b. KIND OF BUSINESS OR INDUSTRY Self Contracting		11. BIRTHPLACE (City and state or country) Illinois Grove Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME C. F. Roberts				13b. MOTHER'S MAIDEN NAME Dora Reckhill				14. NAME OF HUSBAND OR WIFE Daisy Roberts					
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. NONE		17. INFORMANT Daisy Roberts		Address 1707 W. 40th K.C. Mo					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia -										INTERVAL BETWEEN ONSET AND DEATH 7 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Cardiac Failure										3 days			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? 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.) none -									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
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 2-1-60 to 2-2-60 and last saw her/him alive on 2-2-60 Death occurred at St. Marys - Hosp. 12:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) James W. Downey M.A.				22b. ADDRESS 425 E 63rd K.C. Mo				22c. DATE SIGNED 2-3-60					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-4-1960		23c. NAME OF CEMETERY OR CREMATION Sunset Hill Cem				23d. LOCATION (City, town, or county) (State) WARRENSBURG, Missouri					
24. FUNERAL DIRECTOR Gates Funeral Home				ADDRESS 101 Olathe Bldg,		25. DATE RECD. BY LOCAL REG. 2-4-60		26. REGISTRAR'S SIGNATURE Thom Minshall					
KANSAS City 3, KANSAS (Licensed Embalmer's Statement on Reverse Side)													

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul S. Williamson

Licensed Embalmer No. 5007

P. O. Address Overland

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