URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-011427

STATE FILE NUMBER

FILED VS MAR 31 1960

ENDED

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 80

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Independence — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 328 East Walnut — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Frances Middle: Hannah Last: Roby

4. DATE OF DEATH: Month: March Day: 19 Year: 1960

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 7/31/1872

9. AGE (last birthday): 87 — 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: Domestic

11. BIRTHPLACE (City and state or country): East Alton, Illinois

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

13a. FATHER'S NAME: Joseph Palfreyman

13b. MOTHER'S MAIDEN NAME: Frances Green

14. NAME OF HUSBAND OR WIFE: A.E. Roby-deceased

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Earl Roby, Address: 610 West Walnut, Indep., 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 congestion

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

DUE TO (b) Myocardial insufficiency

DUE TO (c) Arteriosclerotic heart disease

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)

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

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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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 COUNTY STATE

21. I attended the deceased from 3-10-59, to 3-19-60 and last saw her/him alive on 3-19-60

Death occurred at 9:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. Sheahon (Degree or title) MD

22b. ADDRESS: Raytown Mo

22c. DATE SIGNED: 3-21-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 3-21-60

23c. NAME OF CEMETERY OR CREMATORY: Englewood Cemetery

23d. LOCATION (City, town, or county) (State): Los Angeles, California

24. FUNERAL DIRECTOR ADDRESS: Geo. C. Carson & Sons, Independence, Mo.

25. DATE RECD. BY LOCAL REG.: 3-21-1960

26. REGISTRAR'S SIGNATURE: M.B. Langsford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed George C. Carson
Signature of Student Embalmer

Licensed Embalmer No. 2249

P. O. Address Independen

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