

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										59-025584					
FILED VS JUL 29 1959										STATE FILE NUMBER					
Registration District No. 246										Primary Registration District No. 5568		Registrar's No. 327			
1. PLACE OF DEATH										2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY Jackson					a. STATE Missouri b. COUNTY Jackson										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City					Length of stay in 1b 6 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 9417 Winner Road					Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 9417 Winner Road			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED										4. DATE OF DEATH					
First Middle Last Myrtle Roberts										Month Day Year July 18 1959					
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-9-1887		9. AGE (last birthday) 72		IF UNDER 1 YEAR		IF UNDER 24 HR			
										Months Days		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) Decatur, Ill.				12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME James Henry Post				13b. MOTHER'S MAIDEN NAME Eunice Anderson				14. NAME OF HUSBAND OR WIFE James Roberts Dec'd							
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 Mrs. Rose Marie Folscroft K.C., Mo.				Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH					
IMMEDIATE CAUSE (a) Circulatory Failure										Death					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Coronary Thrombosis										4:30am					
DUE TO (c) Diabetes Mellitus + Arteriosclerosis										7-18-59					
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 checked="" 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.)											
20c. TIME OF INJURY Hour 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 6-8-1959 to 7-18-1959 and last saw her him alive on 7-14-59															
Death occurred at 4:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) C. G. Zammar Do.					22b. ADDRESS 300 S. Liberty Indep., Mo.					22c. DATE SIGNED 7-18-59					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-20-59		23c. NAME OF CEMETERY OR CREMATORY Burk Cemetery			23d. LOCATION (City, town, or county) California, Missouri			(State)					
24. FUNERAL DIRECTOR Geo. C. Carson & Son's Indep., Mo.					25. DATE RECD. BY LOCAL REG. 7-20-59		26. REGISTRAR'S SIGNATURE James S. Craig								

(Licensed Embalmer's Statement on Reverse Side)

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 Richard R. Francis

Licensed Embalmer No. 4838

P. O. Address Indep., Md.

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.