

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUN 30 1951

State File No. **20342**
2560

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>JACKSON</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>JACKSON</u>	
c. LENGTH OF STAY (in this place) <u>28 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>1317 EAST 59th TERRACE</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MENORAH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>1317 EAST 59th TERRACE</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILBUR</u>		b. (Middle)		c. (Last) <u>ROBERTS</u>	
4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>13</u>		(Year) <u>51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>JANUARY 15, 1889</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR	IF UNDER 12 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PERSONAL DIRECTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CHRYSLER MOTOR PARTS</u>		11. BIRTHPLACE (State or foreign country) <u>BURLINGAME, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>S.W. ROBERTS</u>		13b. MOTHER'S MAIDEN NAME <u>FLORANCE PORTER</u>		14. NAME OF HUSBAND OR WIFE <u>FLORANCE ROBERTS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>486-09-6416</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thrs. Florance Roberts</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>AZOTAEMLA</u>				<u>2 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>HYPERTENSION, ESSENTIAL</u>				<u>15-20 yrs</u>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS				<u>444X</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-11, 1951</u> , to <u>6-13, 1951</u> , that I last saw the deceased alive on <u>6-13, 1951</u> , and that death occurred at <u>8:30p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B. Marcus Heller</u>				23b. ADDRESS <u>416 Bryant Bldg</u>		23c. DATE SIGNED <u>6-14-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 15, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seas Gards cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Illinois</u>	
DATE REC'D BY LOCAL REG. <u>6-15-51</u>		REGISTRAR'S SIGNATURE <u>S. Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Neumeister</u> ADDRESS <u>Kansas City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

AUG 16 1957

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
Student Embalmer

Signed Basil Honey.....

Licensed Embalmer No. 4724.....

P. O. Address Island, m.....

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 this body is not embalmed, fact should be so stated above.