No. 300
10.48

FILED JAN 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1465

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 186

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 28 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): O.D. Hosp. 11th, Harrison

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 511 Maple Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Rebecca
b. (Middle):
c. (Last): Roberts

4. DATE OF DEATH (Month) (Day) (Year): Jan. 12 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: March 11-1875
9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: 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: Home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S. A.

13a. FATHER'S NAME: Issac Coffel ~~William Roberts~~
13b. MOTHER'S MAIDEN NAME: Carolyn Conatser ~~Carolyn Kanshea~~
14. NAME OF HUSBAND OR WIFE: William Paul Roberts Deceased.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Paul Roberts
ADDRESS: 5442 Troost Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) carcinoma of the sigmoid

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

153X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-21, 19 51, *to* 1-12-, 19 52, *that I last saw the deceased alive on* 1-12-, 19 52, *and that death occurred at* 10:47A m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. E. Johnson (Degree or title) D.O.
23b. ADDRESS: R-C, Mo.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1/12/52
24c. NAME OF CEMETERY OR CREMATORY: Minthill Cemetery
24d. LOCATION (City, town, or county) (State): Lynn Missouri

DATE REC'D BY LOCAL REG.: 1-13-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Earp & Sons Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 John B. Carp

Licensed Embalmer No. 2555

P. O. Address W. C. 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 this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 1465
Local Registrar's No. 186

On this 2nd day of April, 1962, before me appears Luther Roberts, who, upon his oath, states that the original record of ~~birth~~ death for Rebecca Roberts died January 12, 1953, in the State of Missouri, and which was filed at Kansas City, Mo. on 1-13, 1952, should be corrected as follows:

Item No. 10a should read Issac Coffelt
Instead of William Roberts
Item No. 13b should read Carolyn Conatser
Instead of Carolyn Kanshea
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Luther Roberts, Son
Relationship.

511-Maple KC Mo.
Present Address.

Subscribed and sworn to before me this 2nd day of April, 1962.

My Commission expires Oct 21, 1955 Carrie M. Puppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
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