

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **42409**
5505

FILED JAN 5 1953

BIRTH NO. --- REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. ---

4

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

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, write RURAL, and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (In this place) 1 mo.	c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Lake Papawingo	
d. FULL NAME OF HOSPITAL OR INSTITUTION DELORA NURSING HOME		d. STREET ADDRESS (If rural, give location) 0480	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) E c. (Last) Roberts	4. DATE OF DEATH (Month) (Day) (Year) December 12 1952
--	---

5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH MAY 5 1884	9. AGE (In years last birthday) 68 if UNDER 1 YEAR Months if UNDER 1 YEAR Days if UNDER 1 YEAR Hours Min.
--------------------	-------------------------------	--	------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Western Weight & Inspection Bureau	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	--	--

13a. FATHER'S NAME Edward Roberts	13b. MOTHER'S MAIDEN NAME May	14. NAME OF HUSBAND OR WIFE
--	--------------------------------------	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes #1	16. SOCIAL SECURITY NO. 708-10-6067	17. INFORMANT'S SIGNATURE OR NAME W.S. Morris ADDRESS Union Nat'l Bank
--	--	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 hr
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the Liver, Colon & Sigmoid		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Colostomy	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **October 2, 1952**, to **December 12 1952**, that I last saw the deceased alive on **December 10 1952**, and that death occurred at **1:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Calvin A. Beard (Degree or title)	23b. ADDRESS 2307 Bryant Bldg., K.C., Mo.	23c. DATE SIGNED Dec. 13 1952
---	--	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 12-15-52	24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
--	---------------------------	--	---

DATE REC'D BY LOCAL REG. 12-15-52	REGISTRAR'S SIGNATURE Walding Smith	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons ADDRESS 1331-BRUSH CREEK KANSAS CITY, MO.
--	--	---

02

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 Charles H. Strickney

Licensed Embalmer No. 4560

P. O. Address K.C. Mo

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.