

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33498**
4126

BIRTH NO.		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>33498</u>
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 town or township) Kansas City		c. LENGTH OF STAY (in this place) 50yrs	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Provident Hospital		e. STREET ADDRESS (If rural, give location) 3711 E. 21st Street		
3. NAME OF DECEASED (Type or Print) a. (First) Lonnie		b. (Middle)	c. (Last) Roberts	4. DATE OF DEATH (Month) (Day) (Year) Sept 20, 1955
5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 10, 1883	9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and State or Foreign Country) Coffeyville, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Kasue Roberts		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Anna Roberts	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If no, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theodore Roberts 3711 E. 21st St.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Dis. DUE TO (c) Cerebral Hemorrhage likely II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 33 1/2
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) (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>April 23, 1951</u> , to <u>9-20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9-20</u> , 19 <u>55</u> , and that death occurred at <u>2:05 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE George H. Taft (Degree or title) M.D.		23b. ADDRESS 2204 E. 18th Street		23c. DATE SIGNED 9-21-55
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Sept 23, 1955	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Coffeyville, Kansas	
DATE REC'D BY LOCAL REG. 9-22-55	REGISTRAR'S SIGNATURE Neve Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Bess Funeral Home 15th & Benton		

(Licensed Embalmer's Statement on Reverse Side)

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

0311228

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.....
Signature of Student Embalmer

Signed *Bruce D. Watkins*.....

Licensed Embalmer No... *45*.....

P. O. Address *18th Ave*.....

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.