

Health, Welfare, Public Service
 300-56
 Director, coroner, etc. must use only standard nomenclature in their reports. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STANDARD CERTIFICATE OF DEATH

FILED FEB 27 1957

1960
 STATE FILE NUMBER 4960
 REGISTRAR'S NO. 540

Registration District No. 149 Primary Registration District No. 1002

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, give TOWNSHIP only) KANSAS City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 4405 WABASH		Length of stay in bed 71 YEARS	d. STREET ADDRESS 4405 WABASH AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First OSCAR Middle FOSTER Last ROBERTS			4. DATE OF DEATH JAN 31 1957 Month Day Year		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH JAN 14 1895	9. AGE (In years last birthday) 62 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during last 12 months of working life, even if retired) RETIRED Building-Contractor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ODESSA, MISSOURI	
13. FATHER'S NAME W. B. ROBERTS			14. MOTHER'S MAIDEN NAME LIZZIE FOSTER		
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. 488-36-3304		17. INFORMANT MRS. IRENE ROBERTS Address 4405 WABASH AVE. KANSAS CITY MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION					INTERVAL BETWEEN ONSET AND DEATH 5000
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) POSSIBLE NEUPLASIA COLONE (NO X RAYS) - 192					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 a. m. p. m.			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 9-22-52 to 1-31-57 and last saw ^{him} her alive on 1-24-57 Death occurred at 7:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) A. C. Quintgard M.D.			22b. ADDRESS 6844 Prairie Ave. KC Mo.		22c. DATE SIGNED 2-5-57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
BURIAL	FEB 4 1957	MEMORIAL PARK CEMETERY		KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS		ADDRESS 1331 BRUSH CREEK BLVD. K.C. MO.	25. DATE RECD. BY LOCAL REG. 2-4-57		26. REGISTRAR'S SIGNATURE Neval Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 P. C. Quintgard

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 *Adrian Jay Ste...*

Licensed Embalmer No. 48

P. O. Address ... K.C., ...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.