

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. social, coroner, etc. must use only standard terminology in item 10. No symptoms will be listed. "All

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 02 1306  
STATE FILE NUMBER  
2814

FILED JUL 8 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2814

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Menorah Hospital</b>		Length of stay in lb <b>1 YEAR</b>	d. STREET ADDRESS (If outside, give location) <b>Park Central Hotel</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>M</b> Last <b>Roberts</b>			4. DATE OF DEATH Month <b>June</b> Day <b>14</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 20, 1904</b>		9. AGE (In years last birthday) <b>52</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Electrical Eng.</b>		11. BIRTHPLACE (City and state or country) <b>Illinois</b>	
13. FATHER'S NAME <b>Joseph T. Roberts</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>			16. SOCIAL SECURITY NO. <b>M-480-07-1601</b>		17. INFORMANT Address <b>Alice Roberts Park Central Hotel</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary insufficiency</b> DUE TO (c) <b>Thrombus left auricle</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b> <b>10 years</b> <b>?</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Rheumatic valvular disease 4/4X</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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 <b>6-11-57</b> to <b>6-14-57</b> and last saw her alive on <b>6-11-57</b> . Death occurred at <b>5:00 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>William Lowe Mundy M.D.</b>			22b. ADDRESS <b>1103 Grand</b>		22c. DATE SIGNED <b>6-14-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>June 15, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Davenport, Iowa</b>
24. FUNERAL DIRECTOR ADDRESS <b>Stine and McClure, 3235 Gillham Plaza</b>			25. DATE RECD. BY LOCAL REG. <b>6-15-57</b>	26. REGISTRAR'S SIGNATURE <b>Reva Minshel</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
William Lowe Mundy

**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 *Eugene L. ...*

Licensed Embalmer No. .... 4

P. O. Address *R. E. ...*

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.