

Health, Welfare & Public Service

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005813
STATE FILE NUMBER
515

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

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Clay</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City, Mo.</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Trinity Lutheran</i>		Length of stay in lb <i>44 yrs</i>	d. STREET ADDRESS (If outside, give location): <i>317 Northwest Drive</i>

3. NAME OF DECEASED (Type or print) First <i>Floyd M.</i> Middle <i>Robertson</i> Last <i>Robertson</i>			4. DATE OF DEATH Month <i>Jan</i> Day <i>29</i> Year <i>1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>OCT 12 1894</i>		9. AGE (In years, last birthday) <i>63</i>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Supt Construction Jones Store</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Store</i>	11. BIRTHPLACE (City and state or country) <i>Oregon Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13a. FATHER'S NAME <i>John W. Robertson</i>		13b. MOTHER'S MAIDEN NAME <i>Satira Taylor</i>		14. NAME OF HUSBAND OR WIFE <i>Leora Robertson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <i>No</i>		16. SOCIAL SECURITY NO. <i>495-05-2632</i>		17. INFORMANT <i>Mrs. Leora Robertson</i> Address <i>317 Northwest Dr</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Coronary Occlusion, acute</i>		<i>2 hours</i>
	DUE TO (c) <i>Generalized Arteriosclerosis</i>		<i>10 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes Mellitus</i>			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 <i>12:25</i> Month, Day, Year <i>1-29-58</i> 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 <i>1/29/58</i> to <i>1/29/58</i> and last saw him alive on <i>1/29/58</i> Death occurred at <i>1225 P</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Floyd M. Robertson</i> (Degree or title)			22b. ADDRESS <i>4030 N Oak Hill Rd</i>		22c. DATE SIGNED <i>1/30/58</i>
23a. BURIAL, CREMATION, REINTERMENT (Specify) <i>Buried</i>		23b. DATE <i>2-1-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>White Chapel Cem</i>		23d. LOCATION (City, town, or county) (State) <i>Clay Co Mo.</i>
24. FUNERAL DIRECTOR <i>D.W. Newcomer</i> ADDRESS <i>27 N.C. Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>1-31-58</i>		26. REGISTRAR'S SIGNATURE <i>Leora Marshall</i>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION. James E. McCormick

McComick

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 *Glenn D. Hill*

Licensed Embalmer No. *4586*

P. O. Address *K.C. 16, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.