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FILED FEB 19 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-006014
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 66

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) OR TOWN Independence — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Independence — Inside Limits Yes [ ] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 711 East Alton — Length of stay in 1b 63 yrs.	d. STREET ADDRESS (If outside, give location) 711 East Alton — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First: LOUISE Middle: S. Last: ROBERTS

4. DATE OF DEATH Month Feb. Day 8, Year 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Dec. 17, 1866

9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (City and state or country): Morristown, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Noah Forseille

13b. MOTHER'S MAIDEN NAME: Louise Rouselot

14. NAME OF HUSBAND OR WIFE: U. G. Roberts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Mae Latimer, Address: 711E. Alton, Indep., Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARDIAC DECOMPENSATION

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c) Senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 DEC-1957 to FEB 1958 and last saw her alive on 2-8-58
Death occurred at 2-8-58 ~ 9:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Q Zammar (Degree or title) M.D.

22b. ADDRESS 300 S. LIBERTY

22c. DATE SIGNED 2-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Feb. 10, 1958

23c. NAME OF CEMETERY OR CREMATORY: Mt. Washington Cemetery

23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: George C. Carson, ADDRESS: Independence, Mo.

25. DATE RECD. BY LOCAL REG.: 2-10-58

26. REGISTRAR'S SIGNATURE: James L. Gray

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

FEB 17 1955

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 C. Ray Louderback

Licensed Embalmer No. 5027

P. O. Address Indep., 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.