

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032953

STATE FILE NUMBER

4484

FILED OCT 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4484

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Michigan b. COUNTY Kalamazoo	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kalamazoo	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Lindenman Nursing		Length of stay in 1b 1 year	d. STREET ADDRESS (If outside, give location) 1313 Grand Avenue
3. NAME OF DECEASED (Type or print) First Middle Last MRS. HARRIET A. ROOSEVELT			4. DATE OF DEATH Month Day Year September 21, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 3, 1885
9. AGE (In years last birthday) 73		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 At Home	11. BIRTHPLACE (City and state or country) Willington, Ohio
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Elijah Faulkner	
13b. MOTHER'S MAIDEN NAME Mary Milligan		14. NAME OF HUSBAND OR WIFE James Roosevelt	
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. None	17. INFORMANT Address Alice Roosevelt, 3529 Grand, K. C., 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) Cornary Insufficiency			INTERVAL BETWEEN ONSET AND DEATH not known
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis			year
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420'			
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 <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 10-22-57 , to 9-5-58 and last saw her/him alive on 9-5-58 . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John W. Cashman (M.D.)		22b. ADDRESS 535 Argyle Bldg KC Mo	22c. DATE SIGNED 9-22-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Sept. 22, 1958	23c. NAME OF CEMETERY OR CREMATORY -	23d. LOCATION (City, town, or county) (State) Kalamazoo, Michigan
24. FUNERAL DIRECTOR Stine & McClure Und. Co., K. C., Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 9-22-58	26. REGISTRAR'S SIGNATURE Neve Minshall

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

MEDICAL CERTIFICATION
John W. Cashman for Mary Cole Lazier
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



112-8227

112-8506

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 *William M. Turner*

Licensed Embalmer No. *4648*
D. O. Address *Kansas City, 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.