

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040166

STATE FILE NUMBER 5142

FILED NOV 19 1958

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

5. 300  
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| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)<br>a. STATE <b>Kansas</b> b. COUNTY <b>Greenwood</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>                |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>Eureka</b> <sup>2158</sup><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                         |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Mary's Hosp.</b> |  | Length of stay in 1b<br><b>22 days</b>   | d. STREET ADDRESS (If outside, give location)<br><b>415 N. Maple</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>Elwin</b> Middle <b>Clayton</b> Last <b>Roby</b> |  |  | 4. DATE OF DEATH<br>Month <b>Oct.</b> Day <b>26</b> Year <b>1958</b> |  |  |
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|                       |                                  |   |                                     |  |   |                                |
|-----------------------|----------------------------------|---|-------------------------------------|--|---|--------------------------------|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>4-4-1892</b> | 9. AGE (In years last birthday)<br><b>66</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HRS.<br>Hours Min. |
|-----------------------|----------------------------------|---|-------------------------------------|--|---|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Stockman</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Stockman</b> | 11. BIRTHPLACE (City and state or country)<br><b>Kansas</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
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| 13a. FATHER'S NAME<br><b>Dewitt C. Roby</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Mary V. Lynn</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Leota Roby</b> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>Yes. WW.I.</b> | 16. SOCIAL SECURITY NO.<br><b>509-40-5955</b> | 17. INFORMANT<br>Address<br><b>Mrs. Leota Roby Eureka, Kans.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Broncho Pneumonia &amp; Pulmonary Edema</b> |                                    | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 days</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Cardiomegaly</b>  | DUE TO (c) <b>Carcinoma Rectum</b> |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).<br><b>Cerebral Sclerosis</b>                 |                                    | 19. WAS AUTOPSY PERFORMED?<br>1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> | 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<br>COUNTY STATE |
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| 21. I attended the deceased from <b>Jan 1957</b> to <b>Oct 26, '58</b> and last saw him alive on <b>Oct 26, 1958</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |
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| 22a. SIGNATURE<br><b>W. L. Simmons</b> (Degree or title) | 22b. ADDRESS<br><b>820 Jefferson Bldg</b> | 22c. DATE SIGNED<br><b>10/28/58</b> |
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|   |                              |  |  |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 23b. DATE<br><b>10-30-58</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Greenwood (Abbey)</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Eureka, Kansas</b> |
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|---|---------------------------------------|---|---|
| 24. FUNERAL DIRECTOR<br><b>Simmons Funeral Home</b> | ADDRESS<br><b>1404 S. 37th K.C.K.</b> | DATE RECD. BY LOCAL REG.<br><b>10-30-58</b> | 26. REGISTRAR'S SIGNATURE<br><b>neva minshall</b> |
|---|---------------------------------------|---|---|

(Licensed Embalmer's Statement on Reverse Side)

Robert C. Mc C. anahage ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Causes of death must be stated in Part I. No symptoms will be listed. An diseases in Part I must be causally related.

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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 Donald H. Simmons, Student Embalmer No. 562 working under my personal supervision.

Student Donald H. Simmons  
Signature of Student Embalmer

Signed H. Simmons

Licensed Embalmer No. 3903  
P. O. Address K.C. Kansas

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.