

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009635

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1142

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MICHIGAN b. COUNTY SAGINAW		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SAGINAW 9218		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BRANTON REST HOME 3400 Campbell			Length of stay in lb 4 Years	d. STREET ADDRESS (If outside, give location) 258 LOCKWOOD STREET	
3. NAME OF DECEASED (Type or print) First Middle Last SHELDON SEYMOUR ROBY			4. DATE OF DEATH Month Day Year FEBRUARY 25, 1959		
5. SEX MALE	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 OCTOBER 6, 1865	9. AGE (In years at birthday) 93	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BANKER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BROCKPORT, NEW YORK		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME JAMES ROBY		13b. MOTHER'S MAIDEN NAME MARY S. SHELDON		14. NAME OF HUSBAND OR WIFE MAUDE P. ROBY	
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 CHAUNCEY W. P. ROBY Address 66 JANSSEN PL. KANSAS CITY, 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) Cerebral Artery Thrombus 2 1/2 hrs DUE TO (b) Cerebral Arteriosclerosis 2 yrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Arteriosclerotic Heart Disease					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
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 May 13, 1959 to Feb 25, 1959 and last saw her alive on Feb 24, 1959. Death occurred at 6:45 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert W. Hamill (Deceased's title)			22b. ADDRESS Kansas City Mo		22c. DATE SIGNED 2/26/59
23a. BURIAL, CREMATION, REMOVAL REMOVAL		23b. DATE Mch 2, 1959	23c. NAME OF CEMETERY OR CREMATOR OAKWOOD MAUSOLEUM		23d. LOCATION (City, town, or county) (State) SAGINAW, MICHIGAN
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS-K. C., MO. 1331 BRUSH CREEK			25. DATE RECD. BY LOCAL REG. 3-2-59	26. REGISTRAR'S SIGNATURE Neva Marshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Robert W. Hamill

All diseases in Part I must be causally related.



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 *Chester K Brown*

Licensed Embalmer No. *493*
P. O. Address *KC 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.