

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025393

FILED VS JUL 27 1959

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 3352 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>30 yrs</b>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3001 Woodland</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Alfred</b> Middle <b>-</b> Last <b>Roberts</b>	4. DATE OF DEATH Month <b>7</b> Day <b>4</b> Year <b>59</b>
--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-1-1894</b>	9. AGE (last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>5</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
--------------------	-------------------------------	---	----------------------------------	----------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>contractor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>hauling</b>	11. BIRTHPLACE (City and state or country) <b>Tenn.-Overton county</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
--	---	---	--

13a. FATHER'S NAME <b>Calvin Roberts</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Rettar Roberts</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Clarence Roberts 2445 Michigan Ave.</b>
---	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive heart failure</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic pyelonephritis</b>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <b>11:48</b> a.m. <b>P.M.</b> Month, Day, Year <b>6-15-59</b>	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 <b>2400 Cherry</b>	COUNTY	STATE
---	--	--	--	--------	-------

21. I attended the deceased from <b>6-15-59</b> to <b>7-4-59</b> and last saw him <b>xx</b> alive on <b>7-4-59</b> Death occurred at <b>11:48 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>Abraham Gelperi</b>	22b. ADDRESS <b>2400 Cherry</b>	22c. DATE SIGNED <b>7-8-59</b>

23a. BURIAL, CREMATION, or REMOVAL (Specify) <b>removal</b>	23b. DATE <b>July 9 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary Cmtory</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>
--	---------------------------------	--	---

24. FUNERAL DIRECTOR <b>Adkins Funeral Home 2000 E 12thst</b>	25. DATE RECD. BY LOCAL REG. <b>7-8-59</b>	26. REGISTRAR'S SIGNATURE <b>newminshall</b>
--	---	---

DOCUMENT

BY AFFIDAVIT OF Abraham Gelperi M.D. MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed C. Kenneth Kemp

Licensed Embalmer No. 4431

P. O. Address Amesbury

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.