RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-032551

FILED VS SEP 23 1959

Registration District No. 147 Primary Registration District No. 1062 Registrar's No. 4301 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 30yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ~~WHAETLEY~~ W Heatley Hosp — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 4012 E/ 35th St. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JESSE — Middle — Last ROBERSON
4. DATE OF DEATH: Month 8 — Day 29 — Year 59
5. SEX: male
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-11-06
9. AGE (last birthday): ~~53~~ 52 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bank messenger
10b. KIND OF BUSINESS OR INDUSTRY: Columbia Nat.
11. BIRTHPLACE (City and state or country): Chickasha, Okla.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Ernest Robersen
13b. MOTHER'S MAIDEN NAME: Della Jones
14. NAME OF HUSBAND OR WIFE: Katherine Roberson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Katherine Robersen — Address: 4012 E. 35th

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia, lobar, left upper lobe lung — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pneumonia, broncho, left lower lobe lung
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes and diabetic acidosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
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 decessed from 8-23-59, to 8-29-59 and last saw ~~them~~ him alive on 8-29-59
Death occurred at 1824 Forest m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. S. Wells (Degree or title) MD
22b. ADDRESS 2122 E-15. K.C. Mo.
22c. DATE SIGNED 9-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-3-59
23c. NAME OF CEMETERY OR CREMATORY Highland
23d. LOCATION (City, town, or county) Kansas City (State) Mo.

24. FUNERAL DIRECTOR Watkins Bros. Fu. Home — ADDRESS 18th Benton
25. DATE RECD. BY LOCAL REG. 9-3-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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_____ Signed Bruce R. Watkins

Signature of Student Embalmer

Licensed Embalmer No. 4500

P. O. Address 18th Beni

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