URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959

59-040335

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5812

ENDED

DOCUMENT

BY AFFIDAVIT OF

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: 62 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: V A HOSPITAL
Inside Limits: Yes XX 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 (If outside, give location): 1010 EAST 27TH
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: EARL ANTONIO ROBERTS, AKA ELZIE ANTONIO RUPE

4. DATE OF DEATH Month Day Year: December 1, 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-15-96
9. AGE (last birthday): 63
IF UNDER 1 YEAR / IF UNDER 24 HR: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Polo, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William —
13b. MOTHER'S MAIDEN NAME: Mary Rainwater
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: —
17. INFORMANT: VA Hospital Official Records, K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia with abscesses, right lung
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Serosalcarcinomatosis
DUE TO (c) Adenocarcinoma of pancreas
INTERVAL BETWEEN ONSET AND DEATH

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

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

19. WAS AUTOPSY PERFORMED? YES XX 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 deceased from June 5, 1959, to December 1, 1959
Death occurred at 7:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): ALBERT L. CHASSON, M.D. Albert L. Chasson
22b. ADDRESS: VA Hospital, Kansas City, Mo.
22c. DATE SIGNED: 12-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12-1-59
23c. NAME OF CEMETERY OR CREMATORY: —
23d. LOCATION (City, town, or county) (State): Polo Mo.

24. FUNERAL DIRECTOR ADDRESS: Alspaugh Mortuary, Polo Mo
25. DATE RECD. BY LOCAL REG.: 12-2-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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 John R. Sidne

Signature of Student Embalmer

Licensed Embalmer No. 453

P. O. Address Kansas Ci

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.