

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023360

FILED VS JUL 5 1960

149

Primary Registration District No. 1002

Registrar's No.

3231

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 36 Day	c. CITY OR TOWN KEARNEY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 119 GROVE ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last SAMUEL RICE ROBERSON			4. DATE OF DEATH Month Day Year JUNE 18 1960			
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-19-90	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kearney, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Frank Roberson	13b. MOTHER'S MAIDEN NAME Mary Corum	14. NAME OF HUSBAND OR WIFE Orby Roberson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 7-25-18 to 1-21-19	16. SOCIAL SECURITY NO. 492-14-9682	17. Orby Roberson, Kearney, Mo. Official Records, VA Hospital, K.C., Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Intestinal Obstruction	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	Cor Pulmonale	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Paralysis Agitans	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour Month, Day, Year 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
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21. <input checked="" type="checkbox"/> attended the deceased from	5-12-60	to	6-18-60	<i>11:00 a.m. to 12:15 p.m.</i>
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Death occurred at **12:15** A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Loren D. Bickens</i>	(Degree or title) M.D.	22b. ADDRESS VA HOSPITAL, KANSAS CITY, MO.	22c. DATE SIGNED 6-18-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-20-60	23c. NAME OF CEMETERY OR CREMATORY Mrs OLIVER	23d. LOCATION (City, town, or county) (State) KEARNEY, MISSOURI
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24. FUNERAL DIRECTOR FRY FUNERAL HOME, KEARNEY, MO.	25. DATE RECD. BY LOCAL REG. 6-18-60	26. REGISTRAR'S SIGNATURE <i>Freva Marshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF LOREN D. BICKENS, M.D. MEDICAL CERTIFICATION

JUL 12 1960

Clay

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 *Ralph Van Landingham*
Licensed Embalmer No. *4009*
P.O. Address *Gelesion Springs*

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.