

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-027105**

STATE FILE NUMBER

FILED VS JUL 26 1960 149

Primary Registration District No. 1002

Registrar's No. 3609

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Length of stay in lb <u>34 yrs.</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>501 South Cypress</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
<b>3. NAME OF DECEASED</b> (Type or print) First <u>MRS. FLORRIE</u> Middle <u>ROBERTSON</u> Last <u>ROBERTSON</u>				<b>4. DATE OF DEATH</b> Month <u>July</u> Day <u>10</u> Year <u>1960</u>									
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>1-7-1914</u>		<b>9. AGE (last birthday)</b> <u>46</u>		<b>IF UNDER 1 YEAR</b> Months <u>  </u> Days <u>  </u>		<b>IF UNDER 24 HR</b> Hours <u>  </u> Min. <u>  </u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Nurse-ret.</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Mercy Hospital</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Troy, Alabama</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>					
<b>13a. FATHER'S NAME</b> <u>William Henderson</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Valeria (unknown)</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>Allen L. Robertsson</u>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT</b> <u>Allen L. Robertson</u>		<b>Address</b> <u>501 South Cypress</u>					
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute pulmonary edema</u> DUE TO (b) <u>Rheumatic heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										INTERVAL BETWEEN ONSET AND DEATH			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)									
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____													
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)				<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>			
<b>21. I attended the deceased from</b> <u>7-9-60</u> to <u>7-10-60</u> and last saw <u>her</u> alive on <u>7-10-60</u> <b>Death occurred at</b> <u>8:30 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
<b>22a. SIGNATURE</b> <u>H. J. Dwyer M.D.</u> (Degree or title)						<b>22b. ADDRESS</b> <u>2400 Cherry St. K.C. Mo.</u>				<b>22c. DATE SIGNED</b> <u>7-11-60</u>			
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>23b. DATE</b> <u>7-14-60</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Moriah</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Mo.</u>							
<b>24. FUNERAL DIRECTOR</b> <u>Mellody McGilley Eylar Funeral Home</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>7-11-60</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Neva Marshall</u>							
<u>1800 E. Linwood B.</u>				(Licensed Embalmer's Statement on Reverse Side)									

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

105

Su. Su  
City 142

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by Lloyd E. Dieckman, Student Embalmer No. 60  
working under my personal supervision.

Student Lloyd Dieckman  
Signature of Student Embalmer

Signed James E. Backler  
Licensed Embalmer No. 457

P. O. Address K.E., M.

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