

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 16 1960

282-60-031557

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 282 STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in 1b 8 hours	c. CITY OR TOWN Shawnee Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5742 Garnet Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First NOAH Middle B. Last ROBERTS			4. DATE OF DEATH Month August Day 12, Year 1960			
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 Dec. 18, 1895	9. AGE (last birthday) 64	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) Stationary Engineer		10b. KIND OF BUSINESS OR INDUSTRY Hercules Powder Plant		11. BIRTHPLACE (City and state or country) Hallsville, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Lon Roberts		13b. MOTHER'S MAIDEN NAME Cordelia Green		14. NAME OF HUSBAND OR WIFE Mrs. Calle Roberts		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. W.W.L. 486-05-4071		17. INFORMANT Address Mrs. Calle Roberts, Shawnee, Kansas		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 10 hours
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) none		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)	
20c. TIME OF INJURY Hour 9:35 p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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

21. I attended the deceased from August 12, 1960 to August 13, 1960 and last saw him alive on August 12, 1960
Death occurred at 9:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T. S. Hopkins, M.D.		22b. ADDRESS 1609 S. 7th Sedalia, Mo.		22c. DATE SIGNED 8/13/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-13-1960	23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cem	23d. LOCATION (City, town, or county) (State) KANSAS CITY KANS	

24. FUNERAL DIRECTOR ADDRESS D. W. HECKART, Gillespie Funeral Home Sedalia, Missouri		25. DATE RECD. BY LOCAL REG. Aug 13 1960	26. REGISTRAR'S SIGNATURE Frances Shreeby
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 16 1960

SEP 6 1960

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 D.W. Heckart

Licensed Embalmer No. 3470

P. O. Address Sedalia, Mo.

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