SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-029465
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4160

FILED AUG 31 1961

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 10 mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Blue Ridge Nursing Home
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY Cass
c. CITY OR TOWN Harrisonville
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 201 N Independence
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First GERTRUDE Middle L Last McROBERTS
4. DATE OF DEATH Month Aug Day 20 Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Jan 1 1875
9. AGE (last birthday) 86
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) House wife
10b. KIND OF BUSINESS/OR INDUSTRY retired
11. BIRTHPLACE (City and state or country) Cass Co Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME J. N. Denham
13b. MOTHER'S MAIDEN NAME Elizabeth Mahan
14. NAME OF HUSBAND OR WIFE L. B. McRoberts
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. NONE
17. INFORMANT C. B. McRoberts Address 8710 E 74th Ter KC Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congestive heart failure — yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Atherosclerosis
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 deceased from 8/11/61, to 8/20/61 and last saw her alive on 8/19/61
Death occurred at 12:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. R. Lippman (Degree or title) D.O.
22b. ADDRESS 9140 E. 50 Highway KC 33 Mo
22c. DATE SIGNED 8/21/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 22-1961
23c. NAME OF CEMETERY OR CREMATORY Orient Cemetery
23d. LOCATION (City, town, or county) Harrisonville (State) Mo.
24. FUNERAL DIRECTOR Hummenburger ADDRESS Harrisonville Mo
25. DATE RECD. BY LOCAL REG. 8-21-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF M. R. Lippman MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Frank E. Rummenbrunger Jr

Licensed Embalmer No. 5073

P. O. Address Harrisonville

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.