MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3177 – 62 – 023373
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 1002 Registrar's No.

FILED JUL 6 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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: 49 Yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Lukes Hospital — Inside Limits: Yes ☒ 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): 5908 Wyandotte — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JAMES Middle: LUTHER Last: ROBERTS

4. DATE OF DEATH Month: June Day: 15 Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Aug. 8, 1876

9. AGE (last birthday): 85 Years — 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): Retired Lawyer & Court Reporter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Johnson County, Mo.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: James M. Roberts

13b. MOTHER'S MAIDEN NAME: Mary E. Marshall

14. NAME OF HUSBAND OR WIFE: Fannie C. Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of servic: – – –

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Fannie C. Roberts — Address: 5908 Wyandotte K.C., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line f)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart failure & Rapid Atrial Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 5 Years.
DUE TO (c) General Arteriosclerosis — 10+ Years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis obliterans & Gangrene rt. Leg.

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 June 62, to 15 June 1962 and last saw him (her) alive on 15 June 1962
Death occurred at 8:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Philip B. Kaul (Degree or title) M.D.

22b. ADDRESS 4320 Wornall Rd.

22c. DATE SIGNED 6-16-62.

P.B. Kaul

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-18-62

23c. NAME OF CEMETERY OR CREMATORY: Ridge Park

23d. LOCATION (City, town, or county) (State): Marshall, Missouri

24. FUNERAL DIRECTOR: Freeman Mortuary — ADDRESS: Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.: 6-16-62

26. REGISTRAR'S SIGNATURE: Ruth Long

(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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. R. Freeman

Licensed Embalmer No. 2939

P. O. Address F. O. 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.