

FILED APR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9183

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 49	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town) Rural Prairie		c. LENGTH OF STAY (in this place) 10 Min.		c. CITY (If outside corporate limits, write RURAL and give township) Rural Prairie Twp. 0480		d. STREET ADDRESS (If rural, give location) R F D #3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) Ernest		b. (Middle) -----		c. (Last) Robinson Jr.		4. DATE OF DEATH (Month) (Day) (Year) March 14, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Oct. 17, 1928	
9. AGE (In years last birthday) 21		10. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (State or foreign country) Crab Orchard Neb.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (State or foreign country) Crab Orchard Neb.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ernest Robinson Sr.		13b. MOTHER'S MAIDEN NAME Fern Viver		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World W. II 497-28-8546		17. INFORMANT'S SIGNATURE OR NAME Ernest Robinson RR 3 Lee's Summit, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull left ankle ANTECEDENT CAUSES (b) Left Shoulder Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Military Inspection				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. CITY, TOWN, OR TOWNSHIP (Specify) Lee's Summit, Mo. COUNTY Jackson MO (STATE)			
21d. TIME OF INJURY 3-14 50 6:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto Accident			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Arthur H. Quinn Coroner				23b. ADDRESS 1034 1/2 North Blvd		23c. DATE SIGNED 3-15-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 16, 50		24c. NAME OF CEMETERY OR CREMATORY Lee's Summit, Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 3/16/50		REGISTRAR'S SIGNATURE Edward C. Eamshaw 378		FUNERAL DIRECTOR'S SIGNATURE W. R. Angeruf		ADDRESS Lee's Summit, Mo	

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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
Student Embalmer

Signed *W B Langford*
Licensed Embalmer No. 3833

P. O. Address Lee's Summit, Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.