

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41143**

FILED DEC 27 1950

BIRTH NO. 81337-50 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 463

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

484
0

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ray</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Independence</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u> <u>10891</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. Sanitarium & Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>706 E. Main</u> <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles Jesse Robinson Jr.</u> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30-1950</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	8. DATE OF BIRTH <u>Nov 29-1950</u>	9. AGE (In years last birthday) <u>0</u>	if UNDER 1 YEAR Days <u>0</u> Hours <u>1</u> Min. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Independence Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Chas. Jesse Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Harper</u>	14. NAME OF HUSBAND OR WIFE <u>infant -</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chas. Jesse Robinson</u> ADDRESS <u>Richmond Mo</u>		

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Birth injury</u> DUE TO (c) <u>Cephalo - pelvic disproportion</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		7600	

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 29, 1950, to Nov 30, 1950; that I last saw the deceased alive on Nov 30, 1950, and that death occurred at 5:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Independence, Mo</u>	23c. DATE SIGNED <u>11-30-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-1-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knowville</u>
DATE REC'D BY LOCAL REG. <u>Dec 1-1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	24d. LOCATION (City, town, or county) (State) <u>Ray Co Mo</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Independence, Mo.</u>		

DEC 20 RECD

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 Stanley M. Seaton

Licensed Embalmer No. 4504

P. O. Address Kansas City 3, 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 this body is not embalmed, fact should be so stated above.