

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1988
1988

FILED FEB 10 1951

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH: a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty	
c. LENGTH OF STAY (In this place) 3 days		1241	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital		d. STREET ADDRESS (If rural, give location) 218 W. Kansas	

3. NAME OF DECEASED a. (First) Patricia b. (Middle) Ann c. (Last) Robinson			4. DATE OF DEATH (Month) Jan (Day) 10 (Year) 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED	
8. DATE OF BIRTH July 15, 1946		9. AGE (In years last birthday) 4		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME George A. Robinson		13b. MOTHER'S MAIDEN NAME Evylin Boggess		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George A. Robinson, Liberty, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism			INTERVAL BETWEEN ONSET AND DEATH minutes	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) massive hemorrhage & clot with massive tissue damage			3 days	
		DUE TO (c) Fracture of Right femur			3 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E902			15	

19a. DATE OF OPERATION 1-10-51		19b. MAJOR FINDINGS OF OPERATION massive blood clots & soft tissue damage tooth fracture			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (COUNTY) (STATE) Liberty, Clay, MO.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 7 51 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? air way of 1st. Nat'l. Bank Tripped and fell under the guard into an		

22. I hereby certify that I attended the deceased from 1-7, 1951, to 1-10, 1951, that I last saw the deceased alive on 1-10, 1951, and that death occurred at 1:02P. m., from the causes and on the date stated above.

23a. SIGNATURE T. T. McGrath DO (Degree or title)		23b. ADDRESS 2926 E. 11th St.		23c. DATE SIGNED 1-12-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/12/51		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Liberty, Missouri	
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DATE REC'D BY LOCAL REG. 1-13-51		REGISTRAR'S SIGNATURE Geraldine Holmes Taylor		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Liberty, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Charles J. Tyler

Licensed Embalmer No. 45634

P. O. Address Liberty MD.

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.

1-2-81 5/10