

FILED AUG 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27160
3385

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

1. PLACE OF DEATH a. COUNTY <i>Jackson 1</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>		c. LENGTH OF STAY (in this place) <i>22 yrs.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>548 Main St.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>	
		d. STREET ADDRESS (If rural, give location) <i>548 Main St.</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Claude</i> b. (Middle) <i>C.</i> c. (Last) <i>Robinson</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>7-24-51</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>2-28-1900</i>
9. AGE (In years last birthday) <i>51</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shoe Shine Boy</i>	11. BIRTHPLACE (State or foreign country) <i>Lebanon, Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13a. FATHER'S NAME <i>Unknown</i>	
13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>498-07-4365</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Investigation</i>		ADDRESS	
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 <i>Cause of death unknown</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 <i>910 Relative to Legros P. Remit</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7955	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Natural</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>1034 Biato Bldg. Kansas City, Mo.</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
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 _____, 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 <i>Hugh H. Owens</i>		23b. ADDRESS <i>1034 Biato Bldg.</i>	
23c. DATE SIGNED <i>7-30-51</i>		24. SPECIAL CREMATION REMOVAL (Specify) <i>Normal</i>	
24b. DATE <i>8-7-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>	
24d. LOCATION (City, town, or county) (State) <i>Kansas City, Kan.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>G. E. Weibel</i>	
DATE REC'D BY LOCAL REG. <i>8-7-51</i>		REGISTRAR'S SIGNATURE <i>Geraldine Holmes</i>	
25. FUNERAL DIRECTOR'S ADDRESS <i>G. E. Weibel, L.C.S. No.</i>			

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed *G. E. Werling*

Licensed Embalmer No. *4075*

P. O. Address *C. O. S. Me*

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.