

FILED NOV 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33804
4524

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1001		Registrar's No. _____	
PLACE OF DEATH a. COUNTY JACKSON b. CITY OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 23 YRS d. FULL NAME OF HOSPITAL OR INSTITUTION MENORAH HOSPITAL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON c. CITY OR TOWN KANSAS CITY d. STREET ADDRESS 1624 Central			
3. NAME OF DECEASED (Type or Print) Olivia Robinson			4. DATE OF DEATH (Month) (Day) (Year) 10-22-51				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 2-2-81		9. AGE (in years last birthday) 70	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POWER MACHINE OP.		10b. KIND OF BUSINESS OR INDUSTRY LOWE-CAMPBELL		11. BIRTHPLACE (State or foreign country) MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME BENNETT H. ROBINSON		13b. MOTHER'S MAIDEN NAME CORDIA O. ROSS		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 491-22-2874	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie Denny 3033 Benton					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Septicemia and subarachnoid hemorrhage</i> ANTECEDENT CAUSES (b) <i>Hemorrhage</i> Morbid 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.					INTERVAL BETWEEN ONSET AND DEATH 5 days 33 h	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Supra-tentorial hemorrhage</i>					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 10/17/51 to 10/22/51, that I last saw the deceased alive on 10/21/51, and that death occurred at 3:50 Am., from the causes and on the date stated above.							
23a. SIGNATURE Harold Passman (Degree or title) MD			23b. ADDRESS 801 Pkwy		23c. DATE SIGNED 10/22/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-24-51	24c. NAME OF CEMETERY OR CREMATORY FOREST HILLS		24d. LOCATION (City, town, or county) (State) K.C. MO			
DATE REC'D BY LOCAL REG. 10-23-51	REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE MEBODY-MCGILLEY-EYAR		ADDRESS K.C. MO		

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 Embalmer No.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address.....

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.