

FILED OCT 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31973**
4652

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 20 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET (ADDRESS) (If rural, give location) 105 West Armour Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 105 West Armour Blvd.				5488			
3. NAME OF DECEASED (Type or Print) HERBERT		a. (First)		b. (Middle) WESTGATE		c. (Last) ROBINSON	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct. 16, 1861		9. AGE (In years last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Auditor		11. BIRTHPLACE (City and State or Foreign Country) / 12. CITIZEN OF WHAT COUNTRY? Conneautville, Pennsylvania / U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Auditor		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Frances Robinson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
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 Mrs. Gertrude Gibbons K. C. 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) Coronary Vascular Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Age + Anemia 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 unknown 4427	
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION no		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) no			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) no		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? no			
22. I hereby certify that I attended the deceased from <u>9-24, 1953</u> to <u>9-26, 1953</u> that I last saw the deceased alive on <u>9-25, 1953</u> and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE W. A. Myers MD (Degree or title) <i>W. A. Myers MD</i>				23b. ADDRESS 0 1115 Grand Ave		23c. DATE SIGNED 9/26/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-28-53		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 9-27-53		REGISTRAR'S SIGNATURE <i>Geraldine Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary & Chapel		ADDRESS K. C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 200
10-48

NOV 14 1957

St. Marys
Shankers Body
2-4

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 Rayton Barnes

Licensed Embalmer No. 4793

P. O. Address K.C. 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.