No. 300
10-48

FILED OCT 27 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36217

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 392

7000 3

1. PLACE OF DEATH
a. COUNTY: Jackson (Blue)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence Rural #4
c. LENGTH OF STAY (in this place): none
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 40 Highway & Lees Summit Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 7000 0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oak Grove
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle): J.
c. (Last): Robinson

4. DATE OF DEATH (Month) (Day) (Year): Oct. 12, 1953

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: May 29, 1922
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist
10b. KIND OF BUSINESS OR INDUSTRY: Drug Store
11. BIRTHPLACE (City and State or Foreign Country): Clifton, Kansas. 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Robinson
13b. MOTHER'S MAIDEN NAME: Hila Gingles
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.: 494-14-9870
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mr. Chester Robinson, Oak Grove, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3rd Digree Burns Entire

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Body
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 40 Highway & Lees Summit, Rd.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jackson County, Mo. 700
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 12, 1953 12:25
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? One car
Auto accident—Auto caught on fire

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 12:25A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hugh H. Owens Corner 3
23b. ADDRESS: 1034 Rialto Bldg
23c. DATE SIGNED: 10-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/13/53
24c. NAME OF CEMETERY OR CREMATORY: Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Parsons, Kansas

DATE REC'D BY LOCAL REG.: Oct 13-53
REGISTRAR'S SIGNATURE: [signature] 354-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Geo. C. Carson Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 29 1953

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 Not Embalmed, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Tom D Markland

Licensed Embalmer No. 4592

P. O. Address Indep. 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.