

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43143**
5725

FILED DEC 23 1953

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

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Calif.</u> b. COUNTY <u>LOS ANGELES</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Altadena</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>1 day</u> | | e. STREET ADDRESS (If rural, give location) <u>2068 Glenview Terr. 8040</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6316 Brookside</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert Daniel</u> b. (Middle) <u>Robinson</u> c. (Last) <u>Robinson</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-5-53</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u> | 8. DATE OF BIRTH <u>6-13-03</u> |
| 9. AGE (In years last birthday) <u>50</u> | | 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) <u>Real Estate</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Omaha, Nebr.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13. FATHER'S NAME <u>Samuel Robinson</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Hattie Bank</u> | | 14. NAME OF HUSBAND OR WIFE <u>Miriam</u> | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Minnie Achtenberg 1326 E Arroyo</u> | |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES 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. <u>History Heart attacks</u> | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>Post-Operated</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u> | 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) _____ | 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.

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| 23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>3</u> | | 23b. ADDRESS <u>1134 Piaster Blvd</u> | 23c. DATE SIGNED <u>12-6-53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>12-6-53</u> | 24c. NAME OF CEMETERY OR CREMATORY _____ | 24d. LOCATION (City, town, or county) (State) <u>Los Angeles, Calif.</u> |
| DATE REC'D BY LOCAL REG. <u>12-6-53</u> | REGISTRAR'S SIGNATURE <u>Heraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis Funeral Home K.L. Mo.</u> | |

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

1931

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.....
Signature of Student Embalmer

Signed *Guy Buffington*
Licensed Embalmer No. *2756*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.