

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16275

State File No.

BIRTH NO. 3658254 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 206

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) OR TOWN Independence		c. CITY OR TOWN Independence	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 9 hrs		e. STREET ADDRESS (If rural, give location) 709 N. Pearl	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sanitarium			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Robert	b. (Middle) John	c. (Last) Closson	(Month) May	(Day) 24	(Year) 1954
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant	8. DATE OF BIRTH May 24, 1954		9. AGE (In years last birthday)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Independence, Mo.
10c. IF UNDER 1 YEAR Days 0			10d. IF UNDER 1 YEAR Hours 0		10e. IF UNDER 1 YEAR Min. 9
10f. IF UNDER 1 YEAR Min. 30			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Albert F. Closson		13b. MOTHER'S MAIDEN NAME Doris M. Birgee		14. NAME OF HUSBAND OR WIFE none	
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 Albert F. Closson, Independence, Mo.	
15. ADDRESS		17. ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Meningeal congestion + hemorrhage		DUE TO (b) Anoxia		8 hrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Prolapsed Cord + Cervical constriction		9 hr.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				9 hr.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7573		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 5-24, 1954, to 5-24, 1954, that I last saw the deceased alive on 5-24, 1954, and that death occurred at 10:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Samuel T. VanBiber M.D.		23b. ADDRESS 317 W. Kansas Ind. Mo.		23c. DATE SIGNED 5-25-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/26/54		24c. NAME OF CEMETERY OR CREMATORY Rose Hills Cemetery	
24d. LOCATION (City, town, or county), (State) Brookfield, Mo.					

DATE REC'D BY LOCAL REG. May 26-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Bob Closson	
				ADDRESS Independence, Mo.	

(Licensed Embalmer, Statement on Reverse Side)

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harold E. Koelbel*

Licensed Embalmer No. *46*

P. O. Address *Dulles*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.