

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5043

State File No. _____

690

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 town or township) KANSAS CITY		c. LENGTH OF STAY (In this place) 13 years 9		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				STREET ADDRESS (If rural, give location) 4628 BROADWAY				3698 0			
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN		b. (Middle) ERSKINE		c. (Last) ROBINSON		4. DATE OF DEATH (Month) (Day) (Year) February 12, 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 16, 1898		9. AGE (In years last birthday) 56 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary - Treasurer			10b. NAME OF BUSINESS OR INDUSTRY Steel Products of Independence Manufacturing Co.			11. BIRTHPLACE (City and State or Foreign Country) Independence, Missouri			12. COUNTRY OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Henry Walter Robinson			13b. MOTHER'S MAIDEN NAME Ada K. Kerr			14. NAME OF HUSBAND OR WIFE Henrietta Elaine					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes			16. SOCIAL SECURITY NO. Unknown			17. INFORMANT'S SIGNATURE OR NAME Official VA Hospital Records, K. C. Mo.			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) Bronchopneumonia				ANTECEDENT CAUSES				2 days			
*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 (b) Carcinoma of the mouth (tongue) with metastasis to neck and superior mediastinum				7 years			
				DUE TO (c) mediastinum							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								1417			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						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) VA		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 February 2, 1955 , to February 12, 1955 , and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE Gene P. Armstrong, M. D.					23b. ADDRESS VA Hospital 4801 Linwood Blvd. Kansas City, Mo.			23c. DATE SIGNED 2-12-55			
24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL		24b. DATE FEB. 15 1955		24c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY INDEPENDENCE MISSOURI		24d. LOCATION (City, town, or county) (State)					
DATE REC'D BY LOCAL REG. 2-15-55		REGISTRAR'S SIGNATURE neva minshall			25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer			ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 24 1955

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.....
Robert Ray

Licensed Embalmer No. 418

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.