

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22352

State File No.

2888

No. 300
10.48

FILED AUG 3-1955

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>5 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>40 2942 Franklin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C.T.B. Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u>		b. (Middle) <u>Jane</u>	
c. (Last) <u>Robinson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 3 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>March 30-1928</u>
9. AGE (In years last birthday) <u>27</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>	
11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Norman Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Marian Outley</u>	
14. NAME OF HUSBAND OR WIFE <u>Single</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marian Robinson</u> ADDRESS <u>1627 Birch K.C. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		ANTECEDENT CAUSES	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		0027	
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 <u>5-16</u> , 19 <u>55</u> , to <u>7-3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-3</u> , 19 <u>55</u> and that death occurred at <u>4: A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward P. Altomare M.D.</u> (Degree or title)		23b. ADDRESS <u>K. C. T. B. Hsp.</u>	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7-7-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>		24e. FULL NAME OF LOCAL REG. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	
24f. DATE REC'D BY LOCAL REG. <u>7-7-55</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss J. W. Jones</u> ADDRESS <u>440 State Ave</u>	

(Licensed Embalmer's Statement on Reverse Side)

K. C. Kansas

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Eugene English

Signed.....
Student Embalmer

Licensed Embalmer No. *4105*

P. O. Address *440 State Ave.*

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.