

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**33342**

State File No. **4512**

0.300  
0.48

FILED NOV 10 1955 <i>766-29-55</i>		BIRTH NO. <i>12430</i>		REG. DIST. NO. <i>149</i>		PRIMARY REG. DIST. NO. <i>6002</i>		Registrar's No. <i>3618</i>		
1. PLACE OF DEATH a. COUNTY <i>Jackson</i>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>					
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>			c. LENGTH OF STAY (in this place) <i>1hr 46 min.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>			d. STREET ADDRESS (If rural, give location) <i>4428 College</i>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Trinity Lutheran Hospital</i>					d. STREET ADDRESS (If rural, give location) <i>4428 College</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>Robin</i>			b. (Middle)		c. (Last) <i>Kroenke</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>10 7 55</i>			
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, OR WIDOWED, DIVORCED (Specify) <i>never married</i>		8. DATE OF BIRTH <i>10-7-55</i>		9. AGE (In years last birthday) <i>1</i> <i>46</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>infant</i>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Kansas City, Missouri</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
13a. FATHER'S NAME <i>Clarence John Kroenke</i>			13b. MOTHER'S MAIDEN NAME <i>Opal Deane Sellers</i>			14. NAME OF HUSBAND OR WIFE <i>none</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Opal Kroenke 4428 College K.C.</i>					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>ANENCEPHALIC MONSTER</i>						INTERVAL BETWEEN ONSET AND DEATH		
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<i>750+</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <i>10-7-55</i> , to <i>10-7-55</i> , that I last saw the deceased alive on <i>10-7-55</i> , and that death occurred at <i>8:45</i> p. m., from the causes and on the date stated above.										
23a. SIGNATURE <i>Robert D. Lawrence M.D.</i> (Degree or title) <i>Rob of C. P. Lander</i>					23b. ADDRESS <i>Professional Bldg</i>			23c. DATE SIGNED <i>13 Oct 1955</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Trinity Lutheran Laboratory</i>		24b. DATE <i>10-8-55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Trinity Lutheran Hosp.</i>		24d. LOCATION (City, town, or county) (State) <i>K.C. Mo.</i>				
DATE REC'D BY LOCAL REG. <i>10-21-55</i>		REGISTRAR'S SIGNATURE <i>Neva Marshall</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Trinity Lutheran Hosp. K.C. Mo.</i>					

(Licensed Embalmer's Statement on Reversed 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 .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.