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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36998

FILED NOV 23 1955

State File No.

4761

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 township) Kansas City	c. LENGTH OF STAY (in this place) UNK	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 HOSPITAL OR INSTITUTION General Hospital No. 1		e. STREET ADDRESS (If rural, give location) 105 E. 5	

30280

3. NAME OF DECEASED (Type or Print) a. (First) Joseph,	b. (Middle)	c. (Last) Robson	4. DATE OF DEATH (Month) (Day) (Year) 11 4 1955
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 9	8. DATE OF BIRTH	9. AGE (In years last birthday) App 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (City and State or Foreign Country) 9	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD (Yes, no, or unknown) (If yes, give year and kind of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME GEN' HOSP	ADDRESS KCMO
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 42m
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		
ANTECEDENT CAUSES			
DUE TO (b) Arteriosclerotic heart disease			
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 checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov. 3, 1955, to Nov. 4, 1955, that I last saw the deceased alive on Nov. 4, 1955, and that death occurred at 1:45A m., from the causes and on the date stated above.

23a. SIGNATURE B. L. Burns (Degree or title) C	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 11-4-1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-7-55	24c. NAME OF CEMETERY OR CREMATORY MT CALVARY CEM	24d. LOCATION (City, town, or county) (State) K. C. MO
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DATE REC'D BY LOCAL REG. 11-5-55	REGISTRAR'S SIGNATURE vera marshall	25. FUNERAL DIRECTOR'S SIGNATURE SEBRETTO	ADDRESS KCMO
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 *X Ernest O. Caldwell*

Licensed Embalmer No. *4714*

P. O. Address *J. C. Mo.*

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.