

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5076**  
Registrar's No. **581**

BIRTH NO. **FILED MAR 1 1956** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is 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) <b>5 1/2 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>4243 Garfield Avenue 3628</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Colonial Nursing Home</b>		3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBERT</b> b. (Middle) <b>B.</b> c. (Last) <b>ROBINSON</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 7, 1956</b>		5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>12-23-1876</b>		9. AGE (In years last birthday) <b>79</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Contract Carrier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>H.C. Star DUSTRY</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Godfrey, Colorado</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Alexander H. Robinson</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Ann Logan</b>	
14. NAME OF HUSBAND OR WIFE <b>Eveline Robinson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> 16. SOCIAL SECURITY NO. <b>Spanish American 497-36-8579</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Ralph T. Robinson</b>		ADDRESS <b>K. C. Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage few years</b> ANTECEDENT CAUSES <b>Myocarditis, Severe</b> DUE TO (b) <b>few weeks</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>422?</b>	
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) m.		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 <b>1-6-1956</b> , to <b>2-7-1956</b> , that I last saw the deceased alive on <b>2-7-1956</b> and that death occurred at <b>10:15 a. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>B. Atcheson</b> B. Atcheson (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>3939 Lincolnton</b>	
23c. DATE SIGNED <b>2-7-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>2-10-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills,</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City - Mo.</b>		DATE REC'D BY LOCAL REG. <b>2-8-56</b> REGISTRAR'S SIGNATURE- <b>W. A. Marshall</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Freeman Mortuary</b>		ADDRESS <b>Kansas City, Mo.</b>	

3939 Pennsylvania  
5-115

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 *J. P. Freeman*

Licensed Embalmer No. 29

P. O. Address H. O. T.

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.