

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20691

State File No. _____

2508

BIRTH NO. 38736-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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|---|--|---|--|
| 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) OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> | |
| c. LENGTH OF STAY (In this place) <u>Life</u> | | d. RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED TOWN? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hosp</u> | | f. STREET ADDRESS (If rural, give location) <u>3637 Olive</u> | |

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|--|--|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Ray</u> c. (Last) <u>Robtache</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6 6 56</u> | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | |
| 8. DATE OF BIRTH <u>6-6-56</u> | | 9. AGE (In years last birthday) Months Days <u>6 56</u> | | IF UNDER 1 YEAR Hours Min. <u>2</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | | 11. BIRTHPLACE (State or Territory) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | | | | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Richard Herman Robtache</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dorcas Sue Perkins</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Richard Robtache</u> ADDRESS <u>3637 Olive</u> | |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>anoxia severe</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES | | DUE TO (b) <u>Congenital deformities + Prematurity</u> | | | |
| DUE TO (c) _____ | | II. OTHER SIGNIFICANT CONDITIONS | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | | <u>7593</u> | |

| | | | | | |
|---|--|--|--|--|--|
| 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) _____ | | 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 June 6, 1956, to June 6, 1956, that I last saw the deceased alive on June 6, 1956, and that death occurred at 9:50 A. M., from the causes and on the date stated above.

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|--|--|--------------------------------------|--|--------------------------------------|--|
| 23a. SIGNATURE <u>Robert F. Horseman</u> (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>Kansas City, Mo.</u> | | 23c. DATE SIGNED <u>June 6, 1956</u> | |
|--|--|--------------------------------------|--|--------------------------------------|--|

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|---|--|-------------------------|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Retained</u> | | 24b. DATE <u>6-6-56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Hospital</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | | | | | |

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|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>6-7-56</u> | | REGISTRAR'S SIGNATURE <u>Neva Marshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>Frank E. Brown M.D. K-C-Mo.</u> | |
|--|--|--|--|--|--|

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..

Hospital Disposal

Student.....
Signature of Student Embalmer

Signed..... *James M. Gibson M.D.*

St. Luke's Hospital
Licensed Embalmer No.
Le No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.