

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23646

State File No. \_\_\_\_\_

FILED JUL 18 1956  
BIRTH NO. 36089-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2799

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>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>Butler</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>22 hr</b>		STREET ADDRESS (If rural, give location) <b>Route #4 0071</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LUKES Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b>		b. (Middle) <b>Lec</b>	
c. (Last) <b>Christopher</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 26 56</b>	
5. SEX <input checked="" type="checkbox"/> MALE	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>6-24-56</b>
9. AGE (In years last birthday) <b>0</b>	10. IF UNDER 1 YEAR Months <b>2</b>	11. IF UNDER 21 HRS. Days <b>2</b>	12. IF UNDER 21 HRS. Hours <b>2</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Butler Mo.</b>
13a. FATHER'S NAME <b>Robert Christopher</b>		13b. MOTHER'S MAIDEN NAME <b>Joyce Rose Anderson</b>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>R. L. Gilkey Prof. Aldg. H.C. Mo.</b>
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory obstruction</b> ANTECEDENT CAUSES (a) <b>pulmonary atresia</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (b) <b>persistent ductus arteriosus</b> DUE TO (b) <b>Newborn</b> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Newborn</b>	
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) (Min.)	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>6-25</b> , 19 <b>56</b> , to <b>6-26</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>6-26</b> , 19 <b>56</b> , and that death occurred at <b>7:30 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>R. L. Gilkey</b> (Degree or title) <b>Prof. Aldg.</b>		23b. ADDRESS <b>Butler Mo.</b>	23c. DATE SIGNED <b>6/27/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6/27/56</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Butler Mo.</b>
DATE REC'D BY LOCAL REG. <b>6-27-56</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stine &amp; M<sup>s</sup> Clux</b>	ADDRESS <b>H. C. Mo.</b>

2052-452-1

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 *Eugene A. ...*.....

Licensed Embalmer No. *462*.....

P. O. Address *... City*.....

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.