

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30916**
3758

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. 3758

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

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) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 30 yrs		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 Neurological Hospital 3468 STREET ADDRESS (If rural, give location) 1807 West 32nd St			
3. NAME OF DECEASED (Type or Print) a. (First) Edith		b. (Middle) Catherine c. (Last) Robinson	
4. DATE OF DEATH 8 - 27 - 56		5. SEX Fe 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 27, 1901	
9. AGE (In years last birthday) 55		10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and State or Foreign Country) Arnold, Nebraska		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Inboden		13b. MOTHER'S MAIDEN NAME Kate Blake	
14. NAME OF HUSBAND OR WIFE Jerry Robinson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Jerry Robinson, 1807 W 32nd, K.C. Mo. ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction, acute ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arterial thrombosis acute DUE TO (c) Hypertensive Cardiovascular dis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH Brief Brief years 4201			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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 11th July , 1956, to 27th August , 1956, that I last saw the deceased alive on 26th Aug. , 1956, and that death occurred at 3 P m., from the causes and on the date stated above.			
23a. SIGNATURE Paul Hines (Degree or title) M.D.		23b. ADDRESS 2625 W. Vaseo Kansas City 8 Mo.	
23c. DATE SIGNED 8-27-56		24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	
24b. DATE 8-29-56		24c. NAME OF CEMETERY OR CREMATORY Belton Cemetery	
24d. LOCATION (City, town, or county) (State) Belton, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE E. K. George & Sons, Inc, Grandview, Mo. ADDRESS By S. E. Goddard	
DATE REC'D BY LOCAL REG. 8-27-56		REGISTRAR'S SIGNATURE neva minshel	

Ed. Hines

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 *Stirling E. Goodard*.....

Licensed Embalmer No. *4911*.....

P. O. Address *Januaria, N.J.*.....

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.