

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13595

FILED APR 19 1957

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5368 Registrar's No. 149

Health, Welfare Public Service  
300 1-56  
No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN <b>Rural Blue</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Independence</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give location) <b>2 1/2 Mi. E. Noland rd &amp; 40 Hwy</b>			Length of stay in lb <b>Unknown,</b>	d. STREET ADDRESS (If outside, give location) <b>Ja. Co. home for aged</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>EDWARD</b> Last <b>ROBINSON, SR.</b>				4. DATE OF DEATH <b>April 6, 1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED</b> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Aug. 9, 1881</b>	9. AGE (In years last birthday) <b>75</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Cement Finisher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Isis Fruit Mkt.</b>	11. BIRTHPLACE (City and state or country) <b>Columbus, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13. FATHER'S NAME <b>Unknown Robinson</b>				14. MOTHER'S MAIDEN NAME <b>Alice Unknown</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT Address <b>Mrs. Mary Knight, Kansas City, Kansas</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cause of Death unknown</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Probably exposure</b> DUE TO (c) <b>9339</b>						INTERVAL BETWEEN ONSET AND DEATH	
PART II.-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Just Refused</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Wounded away from county home</b>						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>George C. Carson</b>			22b. ADDRESS <b>1134 Via St. Blue</b>		22c. DATE SIGNED <b>4-9-57</b>		
23a. BURIAL, CREATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Apr. 9, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Highland Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>				
24. FUNERAL DIRECTOR ADDRESS <b>George C. Carson, Independence, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-9-57</b>	26. REGISTRAR'S SIGNATURE <b>James [Signature]</b>				

(Licensed Embalmer's Statement on Reverse Side)

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**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..

*Not embalmed*

Student.....  
Signature of Student Embalmer

Signed *J. H. Gibson*

Licensed Embalmer No. *487*

P. O. Address *Indep. 71*

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.