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FILED AUG 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29012

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5961 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY PLATTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) EAST LEAVENWORTH
c. LENGTH OF STAY (in this place) 73 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) P.O. BOX EAST LEAV.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY PLATTE
c. CITY OR TOWN EAST LEAVENWORTH
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location) P.O. BOX 0830

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) H. c. (Last) ROBKER
4. DATE OF DEATH (Month) (Day) (Year) August 14 1957
5. SEX M.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH Aug 22, 1883
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 11 Days 22 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (City and State or Foreign Country) FARLEY MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME FRED ROBKER
13b. MOTHER'S MAIDEN NAME ELIZA KISKER
14. NAME OF HUSBAND OR WIFE MINNIE ROBKER
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.
17. INFORMANT'S SIGNATURE OR NAME Mrs Minnie Robker ADDRESS East Leavenworth Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-vascular disease
DUE TO (c) Generalized arterio sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1957, *to* Aug, 1957, *that I last saw the deceased alive on* July 25, 1957 *and that death occurred at* 2:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H Graham Parker MD
23b. ADDRESS Platte City, Mo
23c. DATE SIGNED 8/14/57

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE August 16, 1957
24c. NAME OF CEMETERY OR CREMATORY FARLEY CEMETERY
24d. LOCATION (City, town, or county) (State) FARLEY MISSOURI

DATE REC'D BY LOCAL REG. Aug 15-57
REGISTRAR'S SIGNATURE Ophia Rollins
25. FUNERAL DIRECTOR'S SIGNATURE J.C. DAVIS UND. CO. ADDRESS LEAVENWORTH KANS By Clarence E. Moulden, manager

(Licensed Embalmer's Statement on Reverse Side)

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

57
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AUG 1957
RECEIVED
PLATTE COUNTY
HEALTH DEPT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer.

Signed Thomas E. Moulden

Licensed Embalmer No. 2015

P. O. Address Leavenworth,

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