

Health, Welfare and Public Service

300-1-56

vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
R. Paul Wright

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31927

STATE FILE NUMBER

FILED SEP 24 1957

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 4084

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>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> 420 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		Length of stay in lb <b>17 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>3030 Woodland</b>

3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>LEE</b> Last <b>HOLLAND</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>30</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 24, 1896</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Freight Lines Santa Fe Trail</b>	11. BIRTHPLACE (City and state or country) <b>Sedalia, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>Calvin Holland</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-40-9204</b>	17. INFORMANT <b>Charles Holland</b> Address <b>827 E. 25th Ave. N. Ks.</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>Posterior Coronary occlusion with myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>16 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>myocardial infarction</b>	
	DUE TO (c) <b>atherosclerosis</b>	<b>? yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>4201</b>		

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.)	
20c. TIME OF INJURY Hour <b>1:10</b> 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 <b>Kansas City, Mo.</b>	COUNTY <b>W. Mo.</b>	STATE <b>Mo.</b>
21. I attended the deceased from <b>Aug 29 - 57</b> , to <b>Aug 30, 57</b> and last saw her/him alive on <b>Aug 30, 57</b> Death occurred at <b>1:10</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>R. Paul Wright M.D.</b>		22b. ADDRESS <b>1324 Prof. Bldg</b>	22c. DATE SIGNED <b>Sept 1, 57</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 2, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Williamsburg Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Williamsburg, Missouri</b>
24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>9-1-57</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshel</b>

1800 E. Linwood (Licensed Embalmer's Statement on Reverse Side)

Dr Paul Wright  
Pres. B.L.S.  
Di 2-1368

Dr will stage by his own  
& signs this cert. in his own  
to St. Joseph's Hosp.  
Res. No 1-2356 4902 Belmore

**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..... *Melvin Basteau*

Licensed Embalmer No. 49

P. O. Address K.C.

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