

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

830

FILED MAR 10 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

830

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 <b>Kansas City</b> TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Grandview</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>R. R. #1</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>MR. HARRY L. ROBINSON</b>		4. DATE OF DEATH Month Day Year <b>Feb. 14 1958</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>August 12, 1896</b>
9. AGE (In years last birthday) <b>61</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Grain Dealer</b>	
11. BIRTHPLACE (City and state or country) <b>Lincoln, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>C. E. Robinson</b>		13b. MOTHER'S MAIDEN NAME <b>Jennie Latho</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Neta Robinson</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>W. W. #1</b>	
16. SOCIAL SECURITY NO. <b>44-563787</b>		17. INFORMANT <b>Neta</b> Address <b>Mrs. Neta Robinson R. R. #1, Grandview</b>	
18. CAUSE OF DEATH (Enter only one cause, per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: <b>Multiple cerebral hemorrhages with multiple thrombi and areas of encephalomalacia</b> IMMEDIATE CAUSE (a) <b>Generalized Arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) <b>3318</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <b>3318</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 a.m. p.m. Month, Day, Year		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>FEB. 14, 1958</b> COUNTY <b>FEB.</b> STATE <b>FEB.</b>	
21. I attended the deceased from <b>April 25, 1947</b> to <b>January 14, 1958</b> and last saw him alive on <b>January 14, 1958</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>H. P. Boughton M.D.</b> (Degree or title)	
22b. ADDRESS <b>315 Nichols Road</b>		22c. DATE SIGNED <b>2/15/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Feb. 17, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Gypsum Hill</b>	23d. LOCATION (City, town, or county) (State) <b>Salina, Kansas</b>
24. FUNERAL DIRECTOR <b>Stine &amp; McClure Und. Co. K. C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2-15-58</b>	
26. REGISTRAR'S SIGNATURE <b>Neta Robinson</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

H. P. Boughton

All diseases in Part I must be causally related.  
Doctor, coroner, etc. must use only Standard Nomenclature in item 18. No symptoms may be noted.



201-7700  
until 3:30 P.M.

# 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 William M. Turner .....

Licensed Embalmer No. 4648  
P. Kansas City, Mo.

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.