

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029244

STATE FILE NUMBER

FILED AUG 27 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No. 3919

S. 300
1-57

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, give TOWNSHIP only) OR TOWN KANSAS CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL			Length of stay in lb- 2 years	d. STREET ADDRESS 411 WEST 42ND TERR		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last SAMUEL ROBINSON				4. DATE OF DEATH Month Day Year August 11, 1958				
5. SEX Male		6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH March 14, 1918		9. AGE (In years last birthday) 40 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel Robinson			13b. MOTHER'S MAIDEN NAME Ella White			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII			16. SOCIAL SECURITY NO. 515 09 1008		17. INFORMANT Address VA Hospital Official Records, K. C. Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary congestion							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Complete heart block (clinical)								
DUE TO (c) Cardiac hypertrophy and dilatation. Hypertension								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? 443x 1 YES <input checked="" type="checkbox"/> NO <input 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.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <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. Attended the deceased from August 11, 1958 to August 11, 1958 and last saw him alive on August 11, 1958 Death occurred at 6:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Deputy Coroner				22b. ADDRESS 1618 Lydia Ave			22c. DATE SIGNED 8/14/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-18-1958	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) Fort Leavenworth, Kansas			
24. FUNERAL DIRECTOR Mrs. Meek's Mortuary				ADDRESS K. C. Mo		25. DATE RECD. BY LOCAL REG. 8-14-58	26. REGISTRAR'S SIGNATURE Neva Minshull	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

L. M. Tillman

1815-178



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 *Willard B. Paskin*

Licensed Embalmer No. *5013*

P. O. Address *F.C. Md*

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.