

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001492

STATE FILE NUMBER

51

Registration District No. 149 Primary Registration District No. 1005 Registrar No. 51

FILED JAN 21 1959

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		c. CITY OR TOWN Kansas City	
c. FULL NAME OF HOSPITAL OR INSTITUTION 3940 McGee		d. STREET ADDRESS (If outside, give location) 3940 McGee	
3. NAME OF DECEASED (Type or print) First JOHN Middle S. Last ROBINSON		4. DATE OF DEATH Month January Day 1 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 21, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years at birthday) 57 IF UNDER 1 YEAR: Months 5 Days 1 Hours 0 Min. 0
11. BIRTHPLACE (City and state or country) MORRISON, OKLAHOMA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN S. ROBINSON		13b. MOTHER'S MAIDEN NAME VERTIE WORDEN	14. NAME OF HUSBAND OR WIFE LENA ROBINSON
15. WAS DECEASED EVER IN U. S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 445-10-7975	17. INFORMANT Address JOSEPH ROBINSON, ZIONSVILLE, INDIANA
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death by Hanging			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Struck hanging by neck	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. 1-1 p.m. 59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Basement morning home	
20e. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE MO		20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE MO	
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at 7:50 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugh H. Owens (Degree or title)		22b. ADDRESS 1034 Rialto Bldg	
22c. DATE SIGNED 1-25-59			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL		23b. DATE JAN. 4, 1959	
23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons ADDRESS Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 1-5-59	
		26. REGISTRAR'S SIGNATURE Alva Minshel	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh H. Owens

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 *Chester K. Brown*

Licensed Embalmer No. *4931*

P. O. Address *K E ...*

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.