

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-029640
STATE FILE NUMBER

FILED VS AUG 20 1959

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Lexington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lexington Hotel</u>		Length of stay in lb <u>3 mo.</u>	d. STREET ADDRESS (If outside, give location) <u>326 BROADWAY</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Joseph H.</u> Middle <u>Lewis</u> Last <u>ROBINSON</u>			4. DATE OF DEATH Month <u>June</u> Day <u>14</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 18-1886</u>		9. AGE (In years last birthday) <u>72</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Parts Sales</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Automotive Ser.</u>		11. BIRTHPLACE (City and state or country) <u>Georgia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>MARYETTA Schuler (deceased)</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>511-32-6078</u>	
17. INFORMANT <u>ROBERT L. ROBINSON</u>		Address <u>LAWRENCE, KANS.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cardio-renal-vascular disease</u>					
DUE TO (c) <u>Fallen dead in the doorway of his hotel room</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>This man had considerable edema plus leg ulcers 4/20/59</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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.) <u>_____</u>			
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.) <u>_____</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>_____</u>	
21. I attended the deceased from <u>after death</u> to <u>6-15-59</u> and last saw her/him alive on <u>never</u> Death occurred at <u>6/14/59</u> <u>_____</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>W. W. Martin M.D.</u>		22b. ADDRESS <u>Odessa, Mo.</u>		22c. DATE SIGNED <u>6-15-59</u>	
23a. BURIAL, CREMATION, REMOVAL? (Specify) <u>BURIAL</u>		23b. DATE <u>June 17 59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK Cem.</u>	
23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, Mo.</u>		24. FUNERAL DIRECTOR <u>Newcomer - K. E. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-22-59</u>	
26. REGISTRAR'S SIGNATURE <u>Thomas G. Gantman</u>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

6-1

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NOV 12 1959

NOV 15 1959

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 *Harold P. Walker*

Licensed Embalmer No. *4588*

P. O. Address *Lexington, 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.