URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1959

59-040338

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5201

AMENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 25 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION I7I3 E I8th St — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) I7I3 E I8th St — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ELIZABETH ~~Elezebeth~~ Middle Robenson Last

4. DATE OF DEATH Month IO Day 25 Year 59

5. SEX Female
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3/IO/~~08~~ 06
9. AGE (last birthday) 53
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) HowardCounty, Mo.
12. CITIZEN OF WHAT COUNTRY U. S.

13a. FATHER'S NAME Richard Johnson
13b. MOTHER'S MAIDEN NAME Belle Page
14. NAME OF HUSBAND OR WIFE Harry Robenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ND (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-44-I497
17. INFORMANT Albert Walker Address I733½ E I8th St

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) Senility
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. M. Tillman Deputy Coroner
22b. ADDRESS Tillman M.D. 1618 Lydia Ave.
22c. DATE SIGNED 10/28/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Buriel
23b. DATE IO/3I/59
23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn
23d. LOCATION (City, town, or county) (State) Kansas City Mo

24. FUNERAL DIRECTOR ADDRESS Manlove-Williams I729 Lydia
25. DATE RECD. BY LOCAL REG. 10-29-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Maynard Wellian

Licensed Embalmer No. 46 5 3

P. O. Address N. C. Ma

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