URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-011201

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1715

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in Hospital: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First HERBERT Middle Last ROBINSON
4. DATE OF DEATH Month March Day 22, Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 11-17-1875
9. AGE (last birthday) 84 — 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) Postmaster
10b. KIND OF BUSINESS OR INDUSTRY Post Office
11. BIRTHPLACE (City and state or country) Peoria, Illinoks
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James Robineen
13b. MOTHER'S MAIDEN NAME Rhoda Unknown
14. NAME OF HUSBAND OR WIFE Daisy Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT LeRoy E. Robinson Address Mission, Ks.

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)	PULMONARY EDEMA	7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CONGESTIVE HEART FAILURE	30 DAYS
DUE TO (c)	ARTERIOSCLEROTIC HEART DISEASE	20 YRS.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
DIABETES MELLITUS

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 Nov. 1955 to MARCH 23, 1960 and last saw him alive on MAR. 22, 1960
Death occurred 3 30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George K. Landis, MD (Degree or title)
22b. ADDRESS 1630 Prof Bldg.
22c. DATE SIGNED 3/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3-22-1960
23c. NAME OF CEMETERY OR CREMATORY Cassody Cemetery
23d. LOCATION (City, town, or county) (State) Cassody, Kansas

24. FUNERAL DIRECTOR E. Paul Amos, Shawnee, Kansas
ADDRESS
25. DATE RECD. BY LOCAL REG. 3.23.60
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF George K. Landis

STATEMENT BY LICENSED EMBALMER VS MAY 3 1961

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

or by Dale L. Martin, Student Embalmer No. 585

working under my personal supervision.

Student Dale L. Martin
Signature of Student Embalmer

Signed Eugene P. Amos
Eugene P. Amos

Licensed Embalmer No. 5023

P. O. Address Shawnee, Kans

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.