URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 25 1960

60-015601

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1890

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: 3 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Research Hosp
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN: Oak Grove
Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): R.F.D. 2 mi North
Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Lillie Middle: L Last: Robinson
4. DATE OF DEATH: Month: April Day: 1 Year: 1960
5. SEX: F.M.
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 7-31-1890
9. AGE (last birthday): 69
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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Independence Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Rodney Severs
13b. MOTHER'S MAIDEN NAME: Lucy Yates
14. NAME OF HUSBAND OR WIFE: James H Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: J.H. Robinson Address: Oak Grove Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocarditis. — 6 mos.
DUE TO (c): Asthma — 6 mos.
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 [X]
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 1925 to Mar. 31/1960 and last saw her alive on Mar. 31, 60
Death occurred at 11 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: O. Liston M.D. (Degree or title)
22b. ADDRESS: Oak Grove, Mo.
22c. DATE SIGNED: 4/2/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4-4-1960
23c. NAME OF CEMETERY OR CREMATORY: Grain Valley
23d. LOCATION (City, town, or county) (State): Grain Valley Mo
24. FUNERAL DIRECTOR ADDRESS: Webb Funeral Home Oak Grove Mo
25. DATE RECD. BY LOCAL REG.: 4-2-60
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF O. Liston

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

~~or by~~ ——, Student Embalmer No. ——

working under my personal supervision.

Student ——
Signature of Student Embalmer

Signed William Freer

Licensed Embalmer No. 4733

P. O. Address Blue Spring

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