URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 13 1960

60-023363

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3385

NDED

1. PLACE OF DEATH
a. COUNTY: Jackson County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City, Mo. — Length of stay in 1b: Lyr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Plaza Nursing Home — 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): 1820 W. 36th St. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Mrs. Stella Middle: Lawson Last: Robinson

4. DATE OF DEATH: Month: June Day: 28 Year: 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6/28/1888
9. AGE (last birthday): 72
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (City and state or country): South Carlonia
12. CITIZEN OF WHAT COUNTRY: Yes U. S.

13a. FATHER'S NAME: Clark
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: William Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Peggy Durns Address: 1820 W36 th K.C.Mo.

MEDICAL CERTIFICATION

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)	Bronchopneumonia	4 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Carcinomatosis	3 years –
DUE TO (c)	Ca of Breast	3 years.

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 Jan 1959, to June 1960 and last saw her/him alive on 20 June 60
Death occurred at 12:25 AM 26 June 60 on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): William C. Van Buskirk MD
22b. ADDRESS: 918 Professional Bldg-KCMo
22c. DATE SIGNED: 26 June 60

BY AFFIDAVIT OF William C. Van Buskirk

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: JUNE 26, 1960
23c. NAME OF CEMETERY OR CREMATORY: NORMAN WOODS CEMETERY
23d. LOCATION (City, town, or county) (State): NORMAN OKLAHOMA

24. FUNERAL DIRECTOR: GATES F. HOME ADDRESS: 1901 OLATHE BLVD. KC. KAN.
25. DATE RECD. BY LOCAL REG.: 6-26-60
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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 PAUL R. WILLIAMSON, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul R. Williamson

Signature of Student Embalmer

Licensed Embalmer No. 5009

P. O. Address Overland Pa

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