

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041004

FILED VS NOV 21 1960

30

Primary Registration District No. 4038

Registrar's No. 42

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY BENTON				2. USUAL RESIDENCE (Where deceased lived; if institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson									
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN WARSAW		Length of stay in 1b		c. CITY OR TOWN Lenexa		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Oak Haven Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First ARTHUR B. Middle ROBINSON Last ROBINSON				4. DATE OF DEATH Month Nov Day 16 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug 15, 1869		9. AGE (last birthday) 91		IF UNDER 1 YEAR Months 3 Days 1		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Carpenter				10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (City and state or country) Mass.		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME Oscar G. Robinson				13b. FATHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Laura M. Robinson (deceased)					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give unit or dates of service) No				16. SOCIAL SECURITY NO. 499-16-3527		17. INFORMANT Frank Robinson Address 2612 W 20th KC, Kansas							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident, multiple DUE TO (b) arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 2 years years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic nephritis with azotemia; Hemiplegia								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		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.)									
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 		20d. INJURY OCCURRED WHILE AT WORK <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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from July 1960 , to Nov. 15, 1960 and last saw him alive on 11-14-60 Death occurred at 12:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Subnodes, M.D. (Degree or title)						22b. ADDRESS Warsaw, Mo.				22c. DATE SIGNED 11/16/60			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)							
Burial		Nov 19, 1960		Green Lawn Cemetery		Kansas City Jackson Co, Mo							
24. FUNERAL DIRECTOR Freeman Mortuary				ADDRESS Kansas City, Mo		25. DATE RECD. BY LOCAL REG. Nov. 18-1960		26. REGISTRAR'S SIGNATURE Jas. A. Logan					

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.