

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009087

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1214 STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH **DECEASED MAR 29 1961**
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City Length of stay in lb 10 yrs.
 c. FULL NAME OF HOSPITAL OR INSTITUTION General Hosp. 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 2010 E 11th (If outside give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Robert W. Middle Robinson Last Robinson 4. DATE OF DEATH Month 3 Day 5 Year 61

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 6-10-94 9. AGE (last birthday) 66 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student instructor 10b. KIND OF BUSINESS OR INDUSTRY Yelow Cab. 11. BIRTHPLACE (City and state or country) Junction City, Kansas 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Robert W. Robinson Sr. 13b. MOTHER'S MAIDEN NAME Carrie Monroe 14. NAME OF HUSBAND OR WIFE Ruth P. Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs Ruth Robinson Address 2010 E. 11th St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral Vascular
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) accident
 DUE TO (c) _____
 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 2-21-61 to 3-5-61 and last saw him alive on 3-5-61
 Death occurred at 3:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Ellis (Degree or title) 22b. ADDRESS Hooper Perry City 22c. DATE SIGNED 3/5/61
 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-7-61 23c. NAME OF CEMETERY OR CREMATORY Highland Park 23d. LOCATION (City, town, or county) Kansas City (State) Mo.

24. FUNERAL DIRECTOR Mellody-McGilley-Eylar ADDRESS 1800 E. Linwood 25. DATE RECD. BY LOCAL REG. 3-7-61 26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

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

Student _____
Signature of Student Embalmer

Signed *Klayd F. Dickman*

Licensed Embalmer No. 5120

P. O. Address K. C. 9, M

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.