

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-025451

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3460

STATE FILE NUMBER

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

FILED JUL 28 1961

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 3 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital		d. STREET ADDRESS (If outside, give location) 1316 Askew	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First EDNA Middle MARIE Last ROBINSON	4. DATE OF DEATH Month July Day 8 Year 1961
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5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-10-1934	9. AGE (last birthday) 27	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Pleasant Hill, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Hubert J. Piel	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Clarence J.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	17. INFORMANT Address Clarence J. Robinson-1316 Askew
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism		INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Thrombosis iliac veins	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dissected Aneurysm of the Aorta	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)
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20c. TIME OF INJURY Hour Month, Day, Year	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
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21. I attended the deceased from 6:00 PM 12-15-58 to 7-8-61 and last saw him alive on 7-8-61	Death occurred at 6:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Martin J. Mueller	22b. ADDRESS M.D. K.C. 9700	22c. DATE SIGNED 7-30-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-11-61	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar-- Woodland	25. DATE RECD. BY LOCAL REG. 7-10-61	26. REGISTRAR'S SIGNATURE Ruth Long
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8/4/61

Thrombosis iliac veins

DOCUMENT

BY AFFIDAVIT OF Attending physician Martin J. Mueller MEDICAL CERTIFICATION

18b

Dr. Martin
Angyle Bl

Man - 2-5'30 pm
535

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

Gerall A. Burger

Licensed Embalmer No. 4963

P. O. Address K C, Mo

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.