

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001982

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 381 STATE FILE NUMBER

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF

FILED FEB 6 1962

1. PLACE OF DEATH **6 1962**

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City Length of stay in 1b OR TOWN about 20 yrs

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City Inside Limits Yes No

d. STREET ADDRESS 1118 2 E. Truman (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Melvin Middle Robinson Last Robinson

4. DATE OF DEATH Month 1 Day 17 Year 62

5. SEX Male 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 8/14/1916 9. AGE (last birthday) 45 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) Truck Driver 10b. KIND OF BUSINESS OR INDUSTRY Truck Driver 11. BIRTHPLACE (City and state or country) Gracemont, Okla. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Will Robinson 13b. MOTHER'S MAIDEN NAME Sarah Edwards 14. NAME OF HUSBAND OR WIFE Donella

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. [redacted] 17. INFORMANT Address 3 Thelma Robinson-216 E. Kansas Anadarko, Okla.

18. CAUSE OF DEATH (Enter only one cause by line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) peritonitis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 _____ Month _____ Day _____ Year _____ a.m. p.m.

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 1-13-62 to 1-17-62 and last saw ^{her} him alive on 1-17-62 Death occurred at 9:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) _____ 22b. ADDRESS 2400 Cherry 22c. DATE SIGNED 1-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 1/22/1962 23c. NAME OF CEMETERY OR CREMATORY Anadarko Okla. 23d. LOCATION (City, town, or county) Anadarko, Okla. (State)

24. FUNERAL DIRECTOR E. Sterling Bills ADDRESS 1212 W. M 25. DATE RECD. BY LOCAL REG. 1-22-62 26. REGISTRAR'S SIGNATURE Ruth Long

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 E. Sterling Bue

Licensed Embalmer No. 0178

P. O. Address 1212 Vine, Kansas

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.