MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031266

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4206

FILED AUG 28 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
23708
3
4 0
5 1
6
7 1
8 2
9 4201
10
11
12 90-0
13

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in Ib: 12 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1045 W 41st, St
Inside Limits: Yes [X] 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 [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1045 W 41st, St.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First JAMES Middle HAROLD Last ROBINSON

4. DATE OF DEATH: Month August Day 13th Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 3/28/99
9. AGE (last birthday): 63
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): Maintenance Man
10b. KIND OF BUSINESS OR INDUSTRY: College St Theresa
11. BIRTHPLACE (City and state or country): Hopkinton, Iowa
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George Robinson
13b. MOTHER'S MAIDEN NAME: Agnes Ballard
14. NAME OF HUSBAND OR WIFE: Mrs Bertha Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. INFORMANT: Mrs Bertha Robinson, K.C. Mo.
Address: 1045 W 41st

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CORONARY OCCLUSION
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROSIS
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

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 [X]
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: ~~Kansas City~~ COUNTY: ~~Jackson~~ STATE: ~~Mo.~~

21. I attended the deceased from October, 1961 to 8-13-62 and last saw her/him alive on 8-13-62
Death occurred at 12:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Joseph M. Masucci M D (Degree or title)
22b. ADDRESS: 636 Argyle Bldg K.C. Mo
22c. DATE SIGNED: 8/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/16/62
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar
ADDRESS: 20 W Linwood K.C. Mo.
25. DATE RECD. BY LOCAL REG.: 8-14-62
26. REGISTRAR'S SIGNATURE: Ruth Long

(Attached Embalmer's Statement on Reverse Side)

Dr. Jos. Marucci
Argyle Bldg
Ba 1-8898

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_____ Signed Wm H Gentry
Signature of Student Embalmer

Licensed Embalmer No. 5038

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.

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF: from fun. home - 5-6-82

SHOULD READ: Items #1c, 1d, & 17 corr. by aff.

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

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12. CITIZEN OF WHAT COUNTRY: USA

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13b. MOTHER'S MAIDEN NAME: Agnes Bollard
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16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Bertha Robinson, K.C. Mo. Address 1028 ~~1045~~ W 41st

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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION: KANSAS CITY COUNTY: JACKSON STATE: MO.

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23b. DATE: 8/16/62
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23d. LOCATION (City, town, or county) (State): Kansas City,Mo.

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