

LED JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20652  
Registrar's No. 2691

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 4 YRS.		d. STREET ADDRESS (If rural, give location) 2753 HOLMES	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2753 HOLMES			

3. NAME OF DECEASED (Type or Print) LAURA		a. (First) B. (Middle) ROBINSON c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 6 - 12 - 52	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	
8. DATE OF BIRTH Sept. 21, 1888		9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		13. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME GEORGE BERMOND		13b. MOTHER'S MAIDEN NAME ELIZA DAVIS		14. NAME OF HUSBAND OR WIFE CHARLES ROBINSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 497-32-3483		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHARLES ROBINSON - 2753 HOLMES	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis			12 yrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Hypertension, age, cholesterosis			5 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Heat, Gallstones			10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>						

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 26 Jan, 1947, to 12 June, 1952, that I last saw the deceased alive on 12 June, 1952 and that death occurred at 5:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE D. Glenn Elliott (Degree or title) M.D.		23b. ADDRESS 1102 Grand 1406 Mo		23c. DATE SIGNED 13 June 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) 4		24b. DATE 6-12-52		24c. NAME OF CEMETERY OR CREMATORY	
				24d. LOCATION (City, town, or county) (State) ST. JOSEPH, MISSOURI	

DATE REC'D BY LOCAL REG. 6-13-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MC CLURE, KANSAS CITY, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUG 6

Dr. F. E. ...  
Helen ...  
Eugene ...

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Eugene L. Korman

Signed.....  
Student Embalmer

Licensed Embalmer No. 4633

P. O. Address K. C. ...

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 this body is not embalmed, fact should be so stated above.