

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37474
State File No. 4704

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4704

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) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 5230	
c. LENGTH OF STAY (In this place) 30 YEARS		d. STREET ADDRESS (If rural, give location) 3115 TRACY AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3115 TRACY AVENUE			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Arthur c. (Last) Robinson, Sr.	4. DATE OF DEATH (Month) (Day) (Year) NOV-3-1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY-9-1875	9. AGE (In years last birthday) 74 YEARS	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 10 YEARS - CLERK CITY TAX DEPARTMENT	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) OLATHE, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME R. CAMERON ROBINSON	13b. MOTHER'S MAIDEN NAME MARY MILLER	14. NAME OF HUSBAND OR WIFE MRS. NELLIE NORRIS ROBINSON
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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	16. SOCIAL SECURITY NO. 494-16-7188	17. INFORMANT'S SIGNATURE OR NAME CHARLES ARTHUR ROBINSON, JR. ADDRESS 3115 TRACY AVE KANSAS CITY, MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral lobar pneumonia		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypostases		3 wks.
	DUE TO (c) Portal cirrhosis of the liver		-----
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5810	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9/36**, 19**49**, to **10/3/49**, 19**49**, that I last saw the deceased alive on **11/1/49**, 19**49**, and that death occurred at **11:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE R. S. Sedor (Degree or title) D.O.P.	23b. ADDRESS 926 E 11th	23c. DATE SIGNED 11/3/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV-5-1949	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 11-5-49	REGISTRAR'S SIGNATURE Alredine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer Sons ADDRESS 1331 - BUSH CREEK KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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 this body is not embalmed, fact should be so stated above.