

FILED MAR 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5552

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg. 05120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center.		d. STREET ADDRESS (If rural, give location) 114, W. South St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Giles	b. (Middle) Gardner	c. (Last) Robinson	4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1952.
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 18, Apr. 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 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) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Furniture Store	11. BIRTHPLACE (State or foreign country) Olatha, Kan.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Josiah Robinson	13b. MOTHER'S MAIDEN NAME Elizabeth Unkown	14. NAME OF HUSBAND OR WIFE Clara Sue 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. 487-03-7041	17. INFORMANT'S SIGNATURE OR NAME Mrs. Kelly Williams, Warrensburg, MO.	ADDRESS Warrensburg, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the recto-sigmoid		INTERVAL BETWEEN ONSET AND DEATH 3+ yrs.
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	Morbidity conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
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 153X	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)	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 12-5, 1951, to 2-23, 1952, that I last saw the deceased alive on 2-23, 1952, and that death occurred at 10⁰⁵A.M., from the causes and on the date stated above.

23a. SIGNATURE Charles M. Selen, M.D.	(Degree or title)	23b. ADDRESS Warrensburg Mission	23c. DATE SIGNED 2-28-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 26, 1952	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri
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DATE REC'D BY LOCAL REG. Feb. 25, 1952	REGISTRAR'S SIGNATURE Barbara A. Ditchfield	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney-Phillips, Warrensburg, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MAR 4 1952
JOHNSON COUNTY HEALTH D

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.....
Student Embalmer

Signed

J. Earl Priest

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg, 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.