

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6496

State File No. \_\_\_\_\_

FILED FEB 25 1953

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prarie</u>		c. LENGTH OF STAY (In this place) <u>1 yr 7mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Summit</u> <u>7001</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>610 North Douglas</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Simpson</u>		c. (Last) <u>Robinson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6, 1953</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	
8. DATE OF BIRTH <u>9-5-1860</u>		9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Nelson Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Henderson</u>		14. NAME OF HUSBAND OR WIFE <u>Vernon Parker Kansas City Mo</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Vernon Parker Kansas City Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>one week</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stricture urethral meatus</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>608X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>4-1</u> , 19 <u>52</u> , to <u>2-6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-6</u> , 19 <u>53</u> , and that death occurred at <u>5:20 P. m.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>John C. Blumenschein, MD</u>				23b. ADDRESS <u>Independence, Mo</u>		23c. DATE SIGNED <u>9 Feb 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit</u>		24d. LOCATION (City, town, or county) (State) <u>Lee's Summit Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-9-53</u>		REGISTRAR'S SIGNATURE <u>W.B. Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.B. Langford Lee's Summit Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 27 1954

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

*W B Longford*

Licensed Embalmer No. *3833*

P. O. Address

*Leis Summit*

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.