

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43141**
5792

FILED DEC 23 1953

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

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If in 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. LENGTH OF STAY (In this place) 22 years	c. CITY OR TOWN KANSAS CITY		Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital			• STREET ADDRESS (If rural, give location) 909 E. 17th Street		
3. NAME OF DECEASED (Type or Print) a. (First) ABRON b. (Middle) _____ c. (Last) ROBINSON			4. DATE OF DEATH (Month) (Day) (Year) December 3, 1953		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH September 9, 1898	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Truck laborer	11. BIRTHPLACE (City and State or Foreign Country) Mansfield, Louisiana		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Dave Robinson		13b. MOTHER'S MAIDEN NAME Willie May Buttler		14. NAME OF HUSBAND OR WIFE Sis Robinson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. UNKNOWNA	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hospital Records, Kansas City, Missouri		
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 18 mo.		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Syphilitic Aortitis					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			O22X		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 VA	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 Aug. 12, 1953, to Dec. 3, 1953 , and that death occurred at 1:25P m. , from the causes and on the date stated above.					
23a. SIGNATURE Richard C. Schaffer, M.D.			23b. ADDRESS VA Hospital, Kansas City, Mo.		23c. DATE SIGNED 12/3/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed	24b. DATE Dec 9, 1953	24c. NAME OF CEMETERY OR CREMATORY FT Leavenworth Nat'l Ft Leavenworth, Mo.	24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. 12-9-53	REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cal. Davis 1415 E. Truman		

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

Handwritten initials

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.....
Signature of Student Embalmer

Signed *Lanais H. Jackson*.....

Licensed Embalmer No. *4850*.....

P. O. Address *X. 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.