

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43142**
Registrar's No. **5931**

FILED JAN 14 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5931</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>911 Michigan</u> <u>3178</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1120 Highland (Street)</u>				d. STREET ADDRESS (If rural, give location) <u>911 Michigan</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u> b. (Middle) <u>Laverne</u> c. (Last) <u>Robinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 19 1953</u>						
5. SEX <u>Fem.</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 30, 1906</u> <u>49 yrs</u>			
9. AGE (In years, last birthday) <u>49 yrs</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Worker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pittsburg, Kans.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Private Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pittsburg, Kans.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Charlie Williams</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie Dodson</u>		14. NAME OF HUSBAND OR WIFE <u>James Robinson</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edith Martin</u> ADDRESS <u>2507 Benton</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Shock</u> *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u> ANTECEDENT CAUSES <u>Auto-mobile Trauma</u> <u>Laceration of R & L Lungs</u> <u>Bilateral Hemothorax</u> DUE TO (b) <u>Multiple Fractures of R & L Thorax</u> DUE TO (c) <u>Concussion of Brain</u> II. OTHER SIGNIFICANT CONDITIONS <u>Concussion of Brain</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Shock</u> *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u> ANTECEDENT CAUSES <u>Auto-mobile Trauma</u> <u>Laceration of R & L Lungs</u> <u>Bilateral Hemothorax</u> DUE TO (b) <u>Multiple Fractures of R & L Thorax</u> DUE TO (c) <u>Concussion of Brain</u> II. OTHER SIGNIFICANT CONDITIONS <u>Concussion of Brain</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH			
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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1120 Highland (street)</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Kansas City Jackson</u> (STATE) <u>Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 13 1953</u> <u>8:30 a.m.</u>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1120 Highland (street)</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Kansas City Jackson</u> (STATE) <u>Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 13 1953</u> <u>8:30 a.m.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 13 1953</u> <u>8:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Ran down by auto.</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Deputy Coroner, L.M. Tillman M.D.</u> (Degree or title) <u>3</u>					23b. ADDRESS <u>1618 Lydia Ave.</u>		23c. DATE SIGNED <u>12/15/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec. 14, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-18-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Davis</u> ADDRESS <u>1415 E. Truman</u>					

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 *Louis H. Jackson* _____

Licensed Embalmer No. *4850* _____

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