

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 24 1955

State File No. **600**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY COLE		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 town) JEFFERSON CITY,		c. LENGTH OF STAY (In this place) 1 YEAR	c. CITY OR TOWN KANSAS CITY,
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. STATE PENITENTIARY HOSPITAL		STREET ADDRESS (If rural, give location) NONE LISTED	

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) _____ c. (Last) BLACK			4. DATE OF DEATH (Month) (Day) (Year) JAN. 16 55		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH FEB. 23, 1910	9. AGE (In years last birthday) 44	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) CHEF		10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT	11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME DECEASED (UNKNOWN)	13b. MOTHER'S MAIDEN NAME DECEASED (UNKNOWN)	14. NAME OF HUSBAND OR WIFE EX-WIFE (CATHERINE BLACK)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME MR. PAUL E. BLACK, 618 13th N.W.	ADDRESS ALBUQUERQUE, N.M. MEXICO
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer, left kidney with diffuse lymphatic pulmonary metastasis.		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 **October 26, 1954**, to **January 16 1955**, that I last saw the deceased alive on **January 16 1955**, and that death occurred at **7:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>W. D. Kelly MD</i>	(Degree or title) MD	23b. ADDRESS Jefferson City Mo	23c. DATE SIGNED 1-17-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/19/55	24c. NAME OF CEMETERY OR CREMATORY Kirksville College of Osteopathy Kirksville Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. Jan 19-1955	REGISTRAR'S SIGNATURE <i>R. P. Davis MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Gordon N. Houser</i>
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(Licensed Embalmer's Statement in Back Side)

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *Gilbert Hauser*

Licensed Embalmer No. *457*

P. O. Address *Jefferson*

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.