

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12124
State File No. _____
1506

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 institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (In this place) 25 yrs	c. CITY OR TOWN Kansas City	d. 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 General Hospital #2		No. STREET ADDRESS (If rural, give location) 813 Brooklyn Avenue	
3. NAME OF DECEASED a. (First) Laura (Type or Print)		b. (Middle)	c. (Last) Robinson
4. DATE OF DEATH (Month) (Day) (Year) 3 30 1955		5. SEX female 3	
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Sept. 8, 1877		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Mavasota, Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Louis Lusk		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Canton Robinson		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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Barbara Sheppard 813 Brooklyn	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Possible broncho pneumonia ANTECEDENT CAUSES DUE TO (b) Hypertensive heart disease with failure. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility.		INTERVAL BETWEEN ONSET AND DEATH 445 X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		

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)		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 3-29-55, 1955, to 3-30-55, 1955, that I last saw the deceased alive on 3-30-55, 1955, and that death occurred at 8:45 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Frank Ellis MD		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 3-31-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE April 5, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Mary's	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Bros. Funeral Home 18th St. Benton			

DATE REC'D BY LOCAL REG. 4-4-55 neva minshall		REGISTRAR'S SIGNATURE Walter Bros. Funeral Home 18th St. Benton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Bros. Funeral Home 18th St. Benton	
---	--	--	--	---	--

WRITE PLAINLY—USING UNFADING 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 *Bruce P. Watkins*

Licensed Embalmer No. *450*

P. O. Address *15th Ave*

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.