

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33438
State File No.

FILED NOV 13 1956

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smithville		c. CITY OR TOWN Gashland	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 Days		f. STREET ADDRESS (If rural, give location) 4 Miles No. West of Gashland	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Smithville Community Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Franky b. (Middle) James c. (Last) Robinson			4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1956		
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 15, 1881	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Days 7 Hours 15 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Platte Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME B. J. Spicer	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Arnold	14. NAME OF HUSBAND OR WIFE William Edward Robinson
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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 E. F. Robinson ADDRESS Gashland, Mo. RFD
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 da 15 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332.X			

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 29, 1956, to Oct. 30, 1956, that I last saw the deceased alive on Oct 30, 1956, and that death occurred at 4:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE Hubert Masaly (Degree or title) M.D.	23b. ADDRESS Smithville Mo	23c. DATE SIGNED 11-1-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-1-56	24c. NAME OF CEMETERY OR CREMATORY Second Creek Cemetery	24d. LOCATION (City, town, or county) (State) Smithville, Missouri
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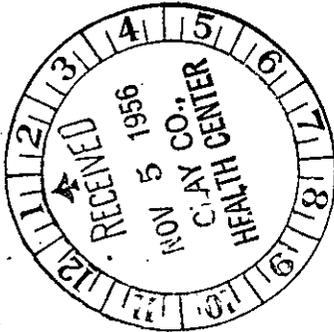
DATE REC'D BY LOCAL REG. 11-1-56	REGISTRAR'S SIGNATURE Marquette Hudgens	25. FUNERAL DIRECTOR'S SIGNATURE McComas Funeral Home ADDRESS Smithville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

494



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.....
Donald W. Hanks

Licensed Embalmer No. *4528*

P. O. Address *Smithville, 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.