

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18229

STATE FILE NUMBER

FILED JUN 7 1957

Registration District No. 280 Primary Registration District No. 1-964 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Parkville Platte</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Parkville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home.</u>			Length of stay in lb			d. STREET ADDRESS (If outside, give location) <u>Rt. 5, Box 423</u>	
3. NAME OF DECEASED (Type or print) First <u>Leland</u> Middle <u>Gerald</u> Last <u>Robison</u>				4. DATE OF DEATH Month <u>May</u> Day <u>21</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 6, 1916</u>	
9. AGE (In years last birthday) <u>41</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of last year, even if retired) <u>Felling State Lumber</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber &amp; Oil</u>			11. BIRTHPLACE (City and state or country) <u>Novinger Mo.</u>	
13. FATHER'S NAME <u>Bernard M. Robison</u>				14. MOTHER'S M maiden name <u>Myrtle Brooks</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>491-14-0845</u>		17. INFORMANT <u>Mrs. Winona Robison</u>		Address <u>Rt. 5, Box 423 Parkville, Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>Cherity</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>5/21/57</u> to <u>5/24/57</u> and last saw her/him alive on <u>5/24/57</u> . Death occurred at <u>7:30 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>James S. Adams, MD</u>				22b. ADDRESS <u>4030 North KC 167th</u>		22c. DATE SIGNED <u>5/24/57</u>	
23a. BURIAL, CREMATION, REMOVAL (date)		23b. DATE <u>May 24-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		23d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>	
24. FUNERAL DIRECTOR <u>Chas. H. Francis Parkville</u>			25. DATE RECD. BY LOCAL REG. <u>May 24-1957</u>		26. REGISTRAR'S SIGNATURE <u>Alphia Rollins</u>		

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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 *J. G. Francis*

Licensed Embalmer No. *345*

P. O. Address *Parkville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.