

FILED SEP-30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31193**

BIRTH NO.		REG. DIST. NO. 73	PRIMARY REG. DIST. NO. 5291	Registrar's No. 116
1. PLACE OF DEATH a. COUNTY Clay 5		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay 6801		
b. CITY OR TOWN Liberty-RURAL		c. LENGTH OF STAY (in this place) 17 days		c. CITY OR TOWN Kansas City NORTH
d. FULL NAME OF HOSPITAL OR INSTITUTION IOOF Home		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) Robert		a. (First) U.	b. (Middle) MINOR	c. (Last) MINOR
4. DATE OF DEATH September 14, 1957		4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH March 14, 1870	9. AGE (In years last birthday) 87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) owner		10b. KIND OF BUSINESS OR INDUSTRY Grocery Business		11. BIRTHPLACE (City and State or Foreign Country) Platte City, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Minor	14. NAME OF HUSBAND OR WIFE Unknown Kathryn Minor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NUMBER 49-10-7545		17. INFORMANT'S SIGNATURE OR NAME Ma Annie Minor ADDRESS 4160 N. Jackson
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
		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"/>
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 Sept 6, 1957 , to _____, 19____, that I last saw the deceased alive on Sept 14, 1957 , and that death occurred at 1:00 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE W. H. Goodson, M.D.		(Degree or title)		23b. ADDRESS Liberty Mo
23c. DATE SIGNED 9/15/57		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-17-57		24c. NAME OF CEMETERY OR CREMATORY Platte City Cemetery
24d. LOCATION (City, town, or county) Platte City Missouri		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. 9-20-57		REGISTRAR'S SIGNATURE Mabel MacRae		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DW Newcomer's Sons - N.K.C.

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 *John Walsbark*

Licensed Embalmer No. *494*
P. O. Address *No. Kansas*

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.