

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021203

STATE FILE NUMBER

FILED JUL 8 1958

Registration District No.

59

Primary Registration District No.

4097

Registrar's No.

85

300
-57

3

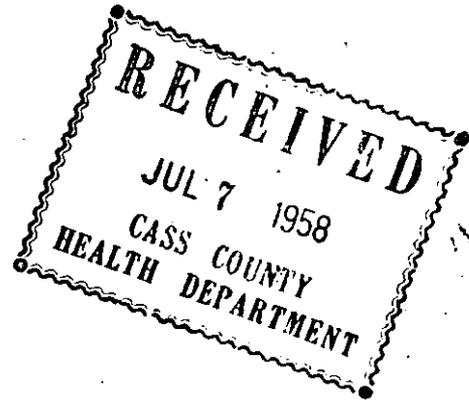
1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Harrisonville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Harrisonville</u> ⁰¹⁹¹
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>City Lake Property</u>		Length of stay in lb <u>3 hours</u>	d. STREET ADDRESS (If outside, give location) <u>303 E. Mechanics</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ROBERT ERNEST NUMBERS</u>			4. DATE OF DEATH Month Day Year <u>June 26 1958</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>Feb 13 1901</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Car Sales</u>	11. BIRTHPLACE (City and state or country) <u>Melvern Kansas</u>
13a. FATHER'S NAME <u>Arthur Allison Numbers</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Henderson</u>	14. NAME OF HUSBAND OR WIFE <u>Louise M Numbers</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date or dates of service) <u>yes 2nd World War</u>		16. SOCIAL SECURITY NO. <u>486-07-3516</u>	17. INFORMANT <u>Louise M. Numbers</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>Respiratory failure</u> DUE TO (b) <u>Accidental Drowning</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Drowned while Fishing</u>		20c. TIME OF INJURY Hour Month, Day, Year <u>4 a.m. 6 26 58</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, firm, factory, street, office bldg., etc.) <u>City Lake</u>	20f. CITY, TOWN, OR LOCATION <u>Harrisonville</u> COUNTY <u>Cass</u> STATE <u>MO</u>
21. I attended the deceased from _____ to _____ and last saw him alive on <u>June 26 1958</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Jan DeLoach</u> (Degree or title)		22b. ADDRESS <u>22801 Lisa KCMO</u>	22c. DATE SIGNED <u>6/27/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/29/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>	23d. LOCATION (City, town, or county) (Specify) <u>Harrisonville Mo</u>
24. FUNERAL DIRECTOR <u>Thunnenburg's Harrisonville</u>		25. DATE RECD. BY LOCAL REG. <u>June 29 1958</u>	26. REGISTRAR'S SIGNATURE <u>Dora Barward</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 9 1958

JUL 7 1958



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 Ernest Remmenburg

Licensed Embalmer No. 3368 P. O. Address Harrisonville

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.