Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006020
STATE FILE NUMBER

FILED MAR 5 1959 Registration District No. 156 Primary Registration District No. 4239 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Lee's Summit — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 207 E. Maple — Length of stay in Ib 23 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Lee's Summit — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 207 E. Maple — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Mary Middle: May Last: Robinett
4. DATE OF DEATH Month Day Year: Feb. 16, 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Sept. 25, 1879
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Brumley, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Jimmie Jeffries
13b. MOTHER'S MAIDEN NAME: Elizabeth Henderson
14. NAME OF HUSBAND OR WIFE: Daniel M. Robinett Dec.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Dan Robinett, Lee's Summit, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — 10 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus. 331 X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 12-26-56 to Feb 16 1959 and last saw her/him alive on Feb. 16, 1959
Death occurred at 3:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William F. Bell (Degree or title) M.D.
22b. ADDRESS Lee's Summit, Mo
22c. DATE SIGNED Feb 17, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Fev. 18, 1959
23c. NAME OF CEMETERY OR CREMATORY: Rodden Cemetery
23d. LOCATION (City, town, or county) (State): Brumley, Missouri

24. FUNERAL DIRECTOR: Langsford Funeral Home — ADDRESS: Lee's Summit, Missouri
25. DATE RECD. BY LOCAL REG.: 2-17-1959
26. REGISTRAR'S SIGNATURE: D. B. Langsford

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 N. B. Langford Jr.

Licensed Embalmer No. 4962

P. O. Address Leesburg

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.