THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013667

STATE FILE NUMBER

FILED MAY 6 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 190

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Independence — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Indep. Hospital — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Independence 7005 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1525 East Sea — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: J. Middle: Hyrum Last: Robinson
4. DATE OF DEATH: Month April Day 17 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: March 7, 1897
9. AGE (In years last birthday): 62 — 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): Parts-Car Manufacture
10b. KIND OF BUSINESS OR INDUSTRY: Ford Motor Industry
11. BIRTHPLACE (City and state or country): Webb City Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: J. M. Robinson
13b. MOTHER'S MAIDEN NAME: Emma Jane Thomas
14. NAME OF HUSBAND OR WIFE: Nellie Robinson
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.: 487-05-3140
17. INFORMANT: Mrs. Nellie Robinson Address

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): Carcinoma, stomach — INTERVAL BETWEEN ONSET AND DEATH: yrs.
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 (a): 151X
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 Feb 21, 1959, to ____ and last saw him alive on April 16 ~~Feb 20~~, 1959
Death occurred at 4-19-59 12:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John Richard Green M.D. (Degree or title)
22b. ADDRESS: 10901 Winner Rd, Independence Mo.
22c. DATE SIGNED: 4-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-20-59
23c. NAME OF CEMETERY OR CREMATORY: Mound Grove
23d. LOCATION (City, town, or county) (State): Independence Mo
24. FUNERAL DIRECTOR: Roland R. Speaks ADDRESS: Indep. Mo
25. DATE RECD. BY LOCAL REG.: 4-20-59
26. REGISTRAR'S SIGNATURE: James L. [illegible]

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 Pollie Fessel

Licensed Embalmer No. 4690

P. O. Address Indep. 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.