

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021666

FILED JUN 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2509

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 3480
c. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran		Length of stay in hospital 4 weeks	d. STREET ADDRESS 3820 Baltimore
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH , HOBERT ROBINSON			4. DATE OF DEATH Month Day Year MAY 19, 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 29, 1898	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and state or country) Cumberland Virginia	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Scott Robinson	13b. MOTHER'S MAIDEN NAME Elizabeth Krieger	14. NAME OF HUSBAND OR WIFE Hazel C. Robinson
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 497-36-8399	17. INFORMANT Hazel C. Robinson	Address 3820 Baltimore
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Posterior myocardial infarct</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Coronary atherosclerosis</i>	<i>6 months +</i>
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Gross Obesity</i>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	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
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21. I attended the deceased from Death occurred at <i>May 16, 1959</i> to <i>May 19, 1959</i> and last saw him alive on <i>May 19, 1959</i> on or the date stated above; and to the best of my knowledge from the causes stated.		
22a. SIGNATURE <i>R. R. Becker MD</i> (Degree or title)	22b. ADDRESS <i>4000 Baltimore Kansas City, Mo.</i>	22c. DATE SIGNED <i>5/19/59</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 19, 59	23c. NAME OF CEMETERY OR CREMATORY Mount Zion	23d. LOCATION (City, town, or county) (State) Bogard, Missouri
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24. FUNERAL DIRECTOR Stine & McClure	ADDRESS 3225 Gilham Plaza	25. DATE RECD. BY LOCAL REG. 5-20-59	26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>
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R. R. Becker MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Thomas A. Keller*

Licensed Embalmer No. *4995*

P. O. Address

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.