

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025958

FILED VS. AUG. 8 1960

042

1000

820

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b Lifetime	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3014 Locust Street
3. NAME OF DECEASED (Type or print) First Middle Last Anne Elizabeth Robinson		4. DATE OF DEATH Month Day Year July 26, 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 24, 1922
9. AGE (last birthday) 38		IF UNDER 1 YEAR Months Days Hours Mins.	IF UNDER 24 HR.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Music Teacher and Composer.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Joseph, Missouri.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William Eugene Robinson	
13b. MOTHER'S MAIDEN NAME Maude Cummings		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-24-6140	17. INFORMANT Wm. E. Robinson
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>Glomerular Nephritis Acute</i>		INTERVAL BETWEEN ONSET AND DEATH 2 Months	
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) <i>Arterial Hypertension</i>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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	
21. I attended the deceased from <u>5-26-60</u> to <u>7-26-60</u> and last saw her <u>alive</u> on <u>7-25-60</u> Death occurred at <u>5:05 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>H.C. Senn MD</i>		22b. ADDRESS 223 N 7th St. Joseph, Mo	
22c. DATE SIGNED 7-29-60		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE July 28, 1960		23c. NAME OF CEMETERY OR CREMATORY Allen Cemetery	
23d. LOCATION (City, town, or county) Gower, Missouri.		24. FUNERAL DIRECTOR <i>Michael J. Fleeman</i>	
25. DATE RECD. BY LOCAL REG. Aug 1, 1960		26. REGISTRAR'S SIGNATURE <i>Mr. Clark Goodell</i>	

DOCUMENT

BY MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert R. Herring

Licensed Embalmer No. 9258

P. O. Address A. J.

Note: - The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.