

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009088

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 964 STATE FILE NUMBER

AMENDED

FILED VS MAR 13 1961

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) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in lb 40 Yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4012 E 7th St		d. STREET ADDRESS (If outside, give location) 4012 E 7th St	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last TORA MAUDE ROBINSON			4. DATE OF DEATH Month Day Year February 22 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/4/1877	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days 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		11. BIRTHPLACE (City and state or country) Cherokee Kansas	
12. CITIZEN OF WHAT COUNTRY USA					

13a. FATHER'S NAME George D Clark		13b. MOTHER'S MAIDEN NAME Susan J Endecot		14. NAME OF HUSBAND OR WIFE Geo W Robinson	
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. None		17. INFORMANT Address Mae Harcum 4121 E 6th St Kansas Cty	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) Cerebral Vascular Accident		2-2-61
DUE TO (c) Cerebral Arteriosclerosis		Several years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year p.m.			
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, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from **Aug-60** to **2-22-61** and last saw her **him** alive on **2-22-61**
Death occurred at **7:20 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Dr. Frederick A. Treffer, D.O.		22b. ADDRESS 5518 Truman Rd KC 27 Mo.		22c. DATE SIGNED 2-22-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/24/61		23c. NAME OF CEMETERY OR CREMATORY Mt Washington Cem.	
23d. LOCATION (City, town, or county) Kansas City Missouri		(State)			

24. FUNERAL DIRECTOR Sheil Funeral Home Kansas City Mo		ADDRESS 2-24-61		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE Ruth Long	
--	--	---------------------------	--	------------------------------	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO.
SHOULD READ
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Fredrick A. Treffer

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 DOUGLAS E. HOBSON, Student Embalmer No 626
working under my personal supervision.

Student Douglas E. Hobson
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address Ke 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.