ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

61-020484
STATE FILE NUMBER

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 630

FILED JUL 5 1961

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph, Missouri — Length of stay in 1b: 42 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Missouri Methodist Hospital — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph, Missouri — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3012 Sylvania St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GILMAN Middle LAWRENCE Last ROBINSON
4. DATE OF DEATH: Month June Day 16 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Aug. 15, 1892
9. AGE (last birthday): 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Supervisor
10b. KIND OF BUSINESS OR INDUSTRY: Swift and Company
11. BIRTHPLACE (City and state or country): Providence, Rhode Island U.S.A.
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME: Thomas C. Robinson
13b. MOTHER'S MAIDEN NAME: Delia M. Gilman
14. NAME OF HUSBAND OR WIFE: Mildred Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Mildred Robinson Address: 3012 Sylvania St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Peritonitis, generalized — INTERVAL BETWEEN ONSET AND DEATH: 46 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Ruptured peptic ulcer — 24 hours
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 6/14/61, to 6/16/61 and last saw ~~her~~ him alive on 6/16/61
Death occurred at 5:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J.R. Forgrave M.D. (Degree or title)
22b. ADDRESS: 420 N 8th St Joseph Mo
22c. DATE SIGNED: 6-26-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 19, 1961
23c. NAME OF CEMETERY OR CREMATORY: Ontario Cemetery
23d. LOCATION (City, town, or county) (State): Wetmore, Kansas

24. FUNERAL DIRECTOR: Meierhoffer-Fleeman F.H. ADDRESS: 1940 Colhoun St. St. Joseph, Missouri
25. DATE RECD. BY LOCAL REG.: June 28, 1961
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF — DOCUMENT — MEDICAL CERTIFICATION

JUL 21 1961

JUL 6 1961

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 Raymond H. Moor

Licensed Embalmer No. 5147

P. O. Address St Joseph

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.