SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-043701
STATE FILE NUMBER

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1273

FILED DEC 18 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in Ib: 55 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DOA Meth Hosp.&Med.C. — 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 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 802 South 22nd St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Roy — Middle: — Last: Robinson
4. DATE OF DEATH: Month: December — Day: 11, — Year: 1961
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Oct.5,1906
9. AGE (last birthday): 55 — 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): Custodian
10b. KIND OF BUSINESS OR INDUSTRY: Federal Building
11. BIRTHPLACE (City and state or country): St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Oliver Robinson
13b. MOTHER'S MAIDEN NAME: Rosie Ritchey
14. NAME OF HUSBAND OR WIFE: Thelma V. Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 11
17. INFORMANT: Mrs Thelma V. Robinson, Address: 802 S. 22 City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Unattended Death-Apparently Natural Causes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Investigated by the City Health Department.
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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

MEDICAL CERTIFICATION

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 _____, to _____ and last saw him alive on _____
Death occurred at 7:00a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert W. Kiebler, M.D. (Degree or title) City Health Officer
22b. ADDRESS: St Joseph, Mo
22c. DATE SIGNED: 12-13-61

R.W. Kiebler, M.D.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec.14,1961
23c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Missouri

24. FUNERAL DIRECTOR: Wm. H. Alexander — ADDRESS: St. Joseph, Mo.
25. DATE REC'D. BY LOCAL REG.: Dec. 15, 1961
26. REGISTRAR'S SIGNATURE: Mrs. Clark Kendell

(Licensed Embalmer's Statement on Reverse Side)

DEC 26 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 Wm. H. Alexander

Licensed Embalmer No. 4450

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.