

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027316

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3901 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED AUG 13 1962**

1. PLACE OF DEATH  
a. COUNTY **JACKSON**  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **KANSAS CITY** Length of stay in lb **39 YEARS**  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **BAPTIST MEMORIAL HOSP.** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **MISSOURI** COUNTY **JACKSON**  
c. CITY OR TOWN **KANSAS CITY** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **4520 OLIVE STREET** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **IMOGENE MARJORIE ROBBINS**  
4. DATE OF DEATH Month Day Year **JULY 26 1962**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **12/4/1900** 9. AGE (last birthday) **54 61** 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) **CLERICAL** 10b. KIND OF BUSINESS OR INDUSTRY **RETAIL STORE** 11. BIRTHPLACE (City and state or country) **WESTON, MISSOURI** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **DeFOREST EVANS** 13b. MOTHER'S MAIDEN NAME **DORA BAKER** 14. NAME OF HUSBAND OR WIFE **EDWARD LEE ROBBINS**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 17. INFORMANT **EDWARD LEE ROBBINS** Address **4520 OLIVE ST. KANSAS CITY, MO.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Cerebral hemorrhage**  
DUE TO (b) **Hypertension**  
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
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 **January 1954** to **26 July 62** and last saw her alive on **26 July 62**  
Death occurred at **4:10 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Stanley L. Goldman M.D.** 22b. ADDRESS **751 E 63 Kansas City, Mo** 22c. DATE SIGNED **7/27/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 23b. DATE **JULY 28, 1962** 23c. NAME OF CEMETERY OR REMOVAL **LAUREL HILL CEMETERY WESTON MISSOURI** 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR **D.W. NEWCOMER'S SONS** ADDRESS **1331 BRUSH CR. KANSAS CITY, MO.** 25. DATE RECD. BY LOCAL REG. **7-28-62** 26. REGISTRAR'S SIGNATURE **Ruth Long**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300 Rev. 4/59	
1	
2	638
3	
4	1
5	1
6	
7	0
8	2
9	331X
10	
11	
12	50-0
13	

SHOULD READ

DOCUMENT BY AFFIDAVIT OF

Stanley L. Goldman MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

Dr Stanley Taylor Baldman  
372 Eastern Bldg East - 751 East 63rd Street  
10.00-12.00 - 1:00-5:00

**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 Dean W. Huff

Licensed Embalmer No. 4914  
P. O. Address Indy, 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.