

685-32 SEP

KANSAS STATE DEPARTMENT OF HEALTH  
 6 1968 Division of Vital Statistics  
 CERTIFICATE OF DEATH

68 014358

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. CITY JOHN NEWTON ROBINSON		2. MALE	3. AUGUST 23, 1968				
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. WHITE		5a. 89	5b.	5c.	6. MARCH 20, 1879	7a. SHAWNEE	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. TOPEKA, KANSAS			7c. YES	7d. SAINT FRANCIS HOSPITAL			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. KANSAS		9. U S A		10. NEVER MARRIED		11. NONE	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 512-36-9647		13a. RETIRED FARMER		13b. AGRICULTURE AND LIVESTOCK			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. KANSAS		14b. WABAUNSEE	14c. HARVEYVILLE		14d. YES	14e. NO DATA	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST
15. FRANK ROBINSON		16. MARY CRAIG					
INFORMANT—NAME				MARITAL ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. MISS GEORGIA BURNS (NIECE)				17b. 416 WEST 4TH STREET TOPEKA, KANSAS 66603			

PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. 4379	IMMEDIATE CAUSE	(a) <i>central vascular accident</i>		<i>minutes</i>
	CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	(b) <i>central arteriosclerosis</i>		<i>years</i>
		(c)		

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
				19a. Yes	19b. Yes
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED—SPECIFY	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.	20b.	C. M. 20d.			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20c.	20e.	20f.			

CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	MONTH	DAY	YEAR	I DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, TRUE TO THE CAUSE(S) STATED.
21a. DECEASED FIG.	4	28	68	8	23	68	8	23	68	8	23	10:50 A. M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.												
22a. 10:50 A. M. 22b. August 23, 1968 22c. 10:50 A. M.												

CERTIFIER—NAME (TYPE OR PRINT):		SIGNATURE		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. Kirk Miller M. D.		23b. <i>Kirk Miller MD</i>		23c. MD	23d. 8-26-68
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN	STATE ZIP
24a. Eastboro Mart		3124 East 6th Street		Topeka, Kansas	66607
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION		
24b. BURIAL	24c. WILMINGTON CEMETERY		24d. NEAR HARVEYVILLE, KANSAS		
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24e. AUGUST 26, 1968	24f. PENWELL-GABEL FUNERAL HOME 321 WEST 10TH ST. TOPEKA, KANSAS 66604				
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. <i>James M. Carl</i>		25b. <i>W. D. Douglas</i>		25c. SEP 4 1968	