

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23314

FILED JUL 30 1948

Registration District No. 256

Primary Registration District No. 256

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2325 Virginia /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper <sup>47</sup>  
(c) City or town Joplin <sup>3</sup>  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2325 Virginia  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT THEOPHILOUS HILL ROBINSON  
FULL NAME

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased OCTOBER 1, 1969  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day       |
|---------|-----------|----------|----------|----------------------------|
|         | <u>78</u> | <u>9</u> | <u>6</u> | hr. <u>0</u> min. <u>0</u> |

9. Birthplace Teulara, Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business

12. Name James Robinson  
13. Birthplace no record  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Ames  
15. Birthplace no record  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. H. Brown  
(b) Address 2325 Virginia, Joplin, Mo

17. (a) Burial (b) Date thereof 7-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Jct Cem, Carl Jct

18. (a) Signature of funeral director Parker Hunsaker Mo.  
(b) Address 1502 Joplin, Joplin, Mo

19. (a) 7/13/48 (b) Dalene Sampson Dr.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th, year 1948 hour 9:20 minute P. M.

21. I hereby certify that I attended the deceased from June 21/48 to July 6, 1948 that I last saw him alive on July 3, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Heart F. Respiratory failure

Due to Nephritis

Due to Enlarged infected prostate

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 1376

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Dr. Hunsaker or other \_\_\_\_\_  
Address Joplin, Mo Date signed 7/8/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Job his 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 this body is not embalmed, fact should be so stated above.