

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5468

State File No. ....

FILED MAR 14 1949

|   |                                  |   |  |  |  |  |   |
|---|----------------------------------|---|--|--|--|--|---|
| BIRTH NO. _____   |                                  | REG. DIST. NO. <u>187</u>   |  | PRIMARY REG. DIST. NO. <u>3040</u>   |  | Registrar's No. <u>257</u>   |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Livingston</u>  |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> |  |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Chillicothe</u>  |                                  | c. LENGTH OF STAY (in this place)<br><u>1 day</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Avalon</u>  |  |  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hall</u>  |                                  |   |  | d. STREET ADDRESS (If rural, give location)<br><u>None</u>   |  |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Richard</u> b. (Middle) <u>R.</u> c. (Last) <u>Robison</u>  |                                  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>February 21, 1949</u> |  |  |  |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>  |  | 8. DATE OF BIRTH<br><u>September 14, 1882</u>  |  | 9. AGE (In years last birthday) <u>66</u><br># UNDER 1 YEAR Months <u>0</u> Days <u>0</u><br># UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u> |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farming</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country)<br><u>Avalon, Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |   |
| 13a. FATHER'S NAME<br><u>George Henry Robison</u>   |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Betty Ann Cunningham</u>             |  | 14. NAME OF HUSBAND OR WIFE<br><u>Daisy Pond</u>   |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>none</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Maes Gertrude Wimmer Avalon Mo.</u>  |  |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                              |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u><br><br>ANTECEDENT CAUSES <u>-</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>-</u><br>DUE TO (c) <u>-</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>4</u> |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 year</u>                                   |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |                                  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?   |  |  |   |
| 22. I hereby certify that I attended the deceased from <u>Jan 1</u> 1947, to <u>Feb. 21, 1949</u> , that I last saw the deceased alive on <u>Jan 15</u> , 1949, and that death occurred at <u>3:30</u> a. m., from the causes and on the date stated above. |                                  |   |  |  |  |  |   |
| 23a. SIGNATURE (Degree or title)<br><u>J. Callier M.D.</u>  |                                  |   |  | 23b. ADDRESS<br><u>Chillicothe Mo.</u>   |  | 23c. DATE SIGNED<br><u>2/23/49</u>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                  | 24b. DATE<br><u>2-23-49</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Avalon</u>                  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Avalon, Missouri</u>                 |  |   |
| DATE REC'D BY LOCAL REG<br><u>Feb-23-49</u>   |                                  | REGISTRAR'S SIGNATURE<br><u>Francis B. Nail</u>   |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Norman Funeral Home; Chillicothe, Mo.</u> |  |   |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48  
374

**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.

Signed \_\_\_\_\_

*Ethan J. Newman*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.