

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7810

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Elston</u>	
c. LENGTH OF STAY (In this place) <u>15 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert Jackson</u> b. (Middle) <u>Robinett</u> c. (Last) <u>Robinett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 1 - 49</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 6, 1884</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 6 HRS. Days <u>25</u>	Hours <u>25</u>	Min. <u>25</u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Lawman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>McDonough Brewery, Mo.</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Louis Robinett</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Cook</u>	14. NAME OF HUSBAND OR WIFE <u>Isabelle Robinett</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lester Robinett</u>	ADDRESS <u>720 - Madison</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>3 wk</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Acute</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) <u>W</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>42</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2/25, 1889, to 3/1/49, 1949, that I last saw the deceased alive on 11/49, 1948, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>David Baker MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Jefferson City Mo.</u>	23c. DATE SIGNED <u>2/4/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>3-3-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Robinett Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Brunley Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 2 - 49</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis MD - MR.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Robinett</u>	ADDRESS <u>720 Madison</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

26-45

Enloe
MAR 14 1950

RECEIVED
District Health Officer No. 9,
District File Number 3-15-49
Date Filed _____

AUG 1 9 1958

AUG 2 2 1956

AUG 1 1958

RECEIVED
AUG 1 1958

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 *J. H. Anderson*

Signed _____
Student Embalmer

Licensed Embalmer No. 3641

P. O. Address *Jones*

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.