

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16844**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **4410** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St James</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St James MO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>W</b> c. (Last) <b>Robinson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-28-49</b>		
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5. SEX <b>MO</b>	6. COLOR OF RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug-17-1856</b>	9. AGE (In years last birthday) <b>92</b>	If UNDER 1 YEAR Months <b>7</b> Days <b>11</b>	If UNDER 24 HRS. Hours <b>13</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Springfield Ill</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>Dont Krue</b>	13b. MOTHER'S MAIDEN NAME <b>Dont Krue</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Robinson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Margaret Robinson</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prostatic Hypertrophy</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>1 1/2 10X</b>

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)	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 **Mar 25, 1949**, to **May 28, 1949**, that I last saw the deceased alive on **5-27, 1949**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. A. Sellers, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Cuba MO</b>	23c. DATE SIGNED <b>5-31-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>5-30-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Deer Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Near Cuba MO</b>
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DATE REC'D BY LOCAL REG. <b>June 4, 49</b>	REGISTRAR'S SIGNATURE <b>Carla C. Birmingham</b>	25. GENERAL DIRECTOR'S SIGNATURE <b>Chas E. Lickhite</b>	ADDRESS <b>St James MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 312

working under my personal supervision.

Student .. Carl J. Glenn ..  
Student Embalmer

Signed

Orvil E. Liebknecht

Licensed Embalmer No. 3546

P. O. Address. St James md

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.