

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24141

BIRTH NO. 43256-49 REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3046 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION W. Marshall-Rear Barketts		d. STREET ADDRESS (If rural, give location) W. Marshall St-Rear Barketts	
3. NAME OF DECEASED (Type or Print) a. (First) Larry b. (Middle) (None) c. (Last) Robinson		4. DATE OF DEATH (Month) (Day) (Year) July 11, 1949	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH July 10, 1949
9. AGE (In years last birthday) 0		10. IF UNDER 1 YEAR Months 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY X	
11. BIRTHPLACE (State or foreign country) Charleston		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Clyde Robinson		13b. MOTHER'S MAIDEN NAME Rosalee Moore	
14. NAME OF HUSBAND OR WIFE X			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X		16. SOCIAL SECURITY NO. X	
17. INFORMANT'S SIGNATURE OR NAME Rosalee Moore, Charleston, Mo		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Died few hours after birth from Natural Causes. No evidence of ANTECEDENT CAUSES DUE TO foul play. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) This was 2nd child from this Mother	
19a. DATE OF OPERATION X		19b. MAJOR FINDINGS OF OPERATION child was very weak at birth,	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE X (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) X		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? X			
22. I hereby certify that I attended the deceased from As Coroner, No doctor in attendance, that I last saw the deceased alive on _____, 19____, and that death occurred at 6 A. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Rosalee Moore CORONER		23b. ADDRESS Charleston, Missouri	
23c. DATE SIGNED 7/11/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/11/49	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove-Charleston, Mo		24d. LOCATION (City, town, or county) (State) Charleston, Mo	
DATE REC'D BY LOCAL REG July 18-49		REGISTRAR'S SIGNATURE Mrs. John Bondurand 196	
25. FUNERAL DIRECTOR'S SIGNATURE PRIVATELY HANDLED BY FAMILY		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 25 1949

District Health Office No. 2

District File Number 749-715

Date Filed _____

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.

Not Embalmed

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.