

S. No. 300
v. 10.46

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19942

559-A

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. _____

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY WRIGHT | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD | | c. LENGTH OF STAY (in this place) | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HARTVILLE | | 1140 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST Johns Hospital | | d. STREET ADDRESS (If rural, give location) / | |

| | | | | | |
|---|---------------------------|---|--|--|--|
| 3. NAME OF DECEASED a. (First) John b. (Middle) T c. (Last) Robinette | | | 4. DATE OF DEATH (Month) (Day) (Year) JUNE 15 1950 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 22, 1863 | 9. AGE (in years last birthday) 86 | IF UNDER 1 YEAR Days 10 Hours 23 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

| | | | | | |
|--|--|--|--|---|--|
| 13a. FATHER'S NAME Avi Robinette | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE Dolly Robinette | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS C.C. CARTER Hartville | |

| | | | | | | | |
|---|--|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) uraemia | | DUPLICATE | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch. nephritis + DUE TO (c) Ch. Myocarditis | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility. | | | | | | 592X | |

| | | | | | |
|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) | | 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 **6-11-50**, to **6-15-50**, that I last saw the deceased alive on **6-15 1950** and that death occurred at **8:45 P.M.**, from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) [Signature] | | 23b. ADDRESS [Address] | | 23c. DATE SIGNED 6-18-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 6-17-50 | | 24c. NAME OF CEMETERY OR CREMATORY Robinette Cemetery | |
| 24d. LOCATION (City, town, or county) Hartville | | 24e. (State) Mo. | | | |
| DATE REC'D BY LOCAL REG 6-19-50 | | REGISTRAR'S SIGNATURE W E Handley | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gene E. Holden Hartville Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

0396

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.

Student
Student Embalmer

Signed Gene E. Haldren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.