

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 17 1950

State File No. 21949  
5064  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> 0884	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Pac. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>508 W. Morgan</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eli</u>	b. (Middle) <u>—</u>	c. (Last) <u>ROBINSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 8 '50</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 27, 1894</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boiler maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. Shops</u>	11. BIRTHPLACE (State or foreign country) <u>Saline County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Benjamin Robinson</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Wright</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Virgie Robinson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>702-16-3175</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Phyllis Robinson - Sedalia, Mo.</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>yes.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovas. dis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic nephrosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>H4 2X</u>
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22. I hereby certify that I attended the deceased from 4/24, 1950, to 6-8, 1950 that I last saw the deceased alive on 6-8, 1950, and that death occurred at 12 4m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert A. Huestep M.D.</u>	23b. ADDRESS <u>1755 So. Grand</u>	23c. DATE SIGNED <u>6/8/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Annex</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>
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DATE REC'D BY LOCAL REG. JUN 9 1950	REGISTRAR'S SIGNATURE <u>J. B. Fosater</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Price Alexander, Sedalia, Mo.</u>
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**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

*Paulo Hernandez*

Licensed Embalmer No. 4246

P. O. Address Dedalia

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.