

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41832

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 421

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before publication). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Moberly</u> )		c. LENGTH OF STAY (In this place) <u>13 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Huntsville</u>		d. STREET ADDRESS (If rural, give location) <u>0880</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 13, 1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Alfred</u> c. (Last) <u>Robinson</u>		5. SEX <u>male</u>	
6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Sept. 3, 1912</u>		9. AGE (In years last birthday) <u>38</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>general laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash R.R.</u>	
11. BIRTHPLACE (State or foreign country) <u>Randolph County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Reed</u>	
14. NAME OF HUSBAND OR WIFE <u>Ardile Robinson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>489-03-2663</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ardile Robinson; Huntsville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushing injury Spinal Cord.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>13 days.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Fracture-Dislocation 6th cervical</u>	
DUE TO (c) <u>Vertebrae</u>		13 days.	
II. OTHER SIGNIFICANT CONDITIONS		34	
Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION <u>0</u>	
21a. ACCIDENT (Specify) <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>STREET</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HIGHWAY Clifton Hill Chariton Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 1 50 9:45 a.m.</u>	
21e. INJURY OCCURRED <u>NOT WHILE AT WORK</u>		21f. HOW DID INJURY OCCUR? <u>Driving car - turned over in loose gravel.</u>	
22. I hereby certify that I attended the deceased from <u>Dec 1, 1950</u> , to <u>Dec 13, 1950</u> , that I last saw the deceased alive on <u>Dec 13, 1950</u> , and that death occurred at <u>5:15 p. m.</u> , from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) <u>A Henry K. Baker M.D.</u>		23b. ADDRESS <u>WABASH EMPLOYEES HOSP. Moberly</u>	
23c. DATE SIGNED <u>Dec 17 '50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>12-16-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>		DATE REC'D BY LOCAL REG. <u>Dec 16 '50</u>	
REGISTRAR'S SIGNATURE <u>Paul Breuninger</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Patton</u>	
ADDRESS <u>269</u>		ADDRESS <u>Huntsville</u>	

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

0883

MAY 22 1951

1951 01 M

DEC 27

Date Received:  
DISTRICT HEALTH OFFICE  
District File Number 12-50  
Date Filed: JAN 3 1951

MAY 6 1951

**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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.