

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2282

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 20

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

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY OR TOWN Farmington		c. CITY OR TOWN Farmington	
c. LENGTH OF STAY (In this place) lifetime		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Robinson c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) January 13, 1951		
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5. SEX male 2	6. COLOR OR RACE colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH May 15 1879	9. AGE (In years last birthday) 71	10. UNDER 1 YEAR 7	11. UNDER 1 MIN. 28
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) Farmington, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
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13a. FATHER'S NAME James Robinson		13b. MOTHER'S MAIDEN NAME Jane Staten		14. NAME OF HUSBAND OR WIFE Susie Hunt Robinson	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Zalma Douthit ADDRESS Farmington Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Uræmia		DUE TO (b) Cardio-Vascular Renal Disease				3 years	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						442X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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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?	
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22. I hereby certify that I attended the deceased from Jan 1946, to Jan 13, 1951, that I last saw the deceased alive on Jan 10 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Geo. R. Watkins M.D.		23b. ADDRESS Farmington, Mo.		23c. DATE SIGNED 1-15-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan. 15, 1951		24c. NAME OF CEMETERY OR CREMATORY Colored Masonic		24d. LOCATION (City, town, or county) (State) Farmington Missouri	
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DATE REC'D BY LOCAL REG. Jan 18, 1951		REGISTRAR'S SIGNATURE Ethel Ruskoff		25. FUNERAL DIRECTOR'S SIGNATURE C. H. Cozean ADDRESS Farmington, Missouri	
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File No. _____

DISTRICT HEALTH OFFICE - No. 4

JAN 22 1951

RECEIVED

JAN 25 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

C. A. Cozart

Signed _____

Student Embalmer

Licensed Embalmer No. 4084

P. O. Address Farmington 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.