

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3762

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5113 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Patterson</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/4 mile N. Patterson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Patterson Union Twp</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u> b. (Middle) <u>Richard</u> c. (Last) <u>Robinson</u>		d. STREET ADDRESS (If rural, give location) <u>1/4 mile N. Patterson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15 1951</u>	5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Divorced</u>
8. DATE OF BIRTH <u>Mar. 8. 1905</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Garage</u>	11. BIRTHPLACE (State or foreign country) <u>Bollinger County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William H. Robinson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary V. Steadley</u>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. L. Robinson Patterson Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 to 24 hours</u> ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____ 19____, that I last saw the deceased alive on <u>2/15</u> , 19 <u>51</u> , and that death occurred at <u>7:00 P.</u> m. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Maura Goodman MD</u>	23b. ADDRESS <u>Fredricks town Mo</u>	23c. DATE SIGNED <u>2/17/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/18/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Patterson Methodist</u>	24d. LOCATION (City, town, or county) (State) <u>Patterson, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 20 1951</u>	REGISTRAR'S SIGNATURE <u>Willie Dan Amburgh</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb Adams</u>	ADDRESS <u>Fredericktown</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 23 1951

DISTRICT HEALTH OFFICE No. 6

Title No.

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 *Lynna Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Fredricktown, Pa*

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.

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