.S. No. 300
EV. 10-48

FILED MAR 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5251

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4281 Registrar's No. 26

0560

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

1. PLACE OF DEATH
a. COUNTY: LEWIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CANTON
c. LENGTH OF STAY (in this place): 4 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WILLIAMSTOWN 0560
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): MARSHALL
c. (Last): ROBINSON

4. DATE OF DEATH (Month) (Day) (Year): FEB. 23 1951

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: AUG. 23, 1861
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 6, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): MONTICELLO 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN ROBINSON
13b. MOTHER'S MAIDEN NAME: ANNA L. HUMPHREY
14. NAME OF HUSBAND OR WIFE: LOU PATCH

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. ALLIE McREYNOLDS — ADDRESS: LA BELLE, MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 26, 1951, *to* Feb 23, 1951, *that I last saw the deceased alive on* Feb. 23, 1951, *and that death occurred at* 9 10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Sam H. Roberts, D.O. 2
23b. ADDRESS: Canton, Mo.
23c. DATE SIGNED: Feb. 27, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 0
24b. DATE: FEB. 26, 1951
24c. NAME OF CEMETERY OR CREMATORY: DEER RIDGE
24d. LOCATION (City, town, or county) (State): DEER RIDGE MISSOURI

DATE REC'D BY LOCAL REG.: 3/2/51
REGISTRAR'S SIGNATURE: P. W. Jennings, M.D. 161
25. FUNERAL DIRECTOR'S SIGNATURE: Charles L. Arnold, Sr. — ADDRESS: Lewistown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: MAR 1 3 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-51-557
Date Filed: MAR 1 3 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 Charles L. Arnold, Sr.

Licensed Embalmer No. 4667

P. O. Address Lewistown, 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.