

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11900

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5239 Registrar's No. 1A

1. PLACE OF DEATH a. COUNTY <u>DADE CEDAR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DADE</u>	
b. CITY OR TOWN <u>RURAL CEDAR LINN</u>		c. CITY OR TOWN <u>GREENFIELD RURAL LINN</u>	
c. LENGTH OF STAY (in this place) <u>3 DAS.</u>		d. STREET ADDRESS (If rural, give location) <u>409 MAPLE ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 MILES NORTH OF ARCOLA</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>SHERMAN</u> c. (Last) <u>ROBISON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 28 1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 12, 1865</u>
9. AGE (In years last birthday) <u>86</u>		10. MONTHS <u>16</u>	11. HOURS <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>GRIFF ROBISON</u>	
13b. MOTHER'S MAIDEN NAME <u>JANE DAUGHERTY</u>		14. NAME OF HUSBAND OR WIFE <u>ELLA ROBISON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>EDNA WHITLEY</u> ADDRESS <u>ARCOLA 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>Bronchial Pneumonia</u> <u>apoplexy</u> 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.		INTERVAL BETWEEN ONSET AND DEATH	
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)	<u>334 X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 <u>3-20</u> , 19 <u>51</u> , to <u>3-28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-28</u> , 19 <u>51</u> , and that death occurred at <u>4:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. O. Courson</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Sherrill, Mo.</u>	23c. DATE SIGNED <u>3-30-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MARCH 29 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HICKORY GROVE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>DADE COUNTY MO.</u>
DATE REC'D BY LOCAL REG. <u>4-14-1951</u>	REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>	54	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u> ADDRESS <u>Greenfield, Mo.</u>

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

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DIVISION OF HEALTH OF MO.
District of Springfield

RECEIVED APR 17 1957

Dist. File 437-839

Date Filed 4-19-57

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.