

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13529**

FILED MAY 11 1951

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **71**

1. PLACE OF DEATH a. COUNTY Rolla Mo. Pnel		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY OR TOWN Rolla		c. CITY OR TOWN Irondale	
c. LENGTH OF STAY (in this place) 27 days		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home			

3. NAME OF DECEASED (Type or Print) Alonzo	a. (First)	b. (Middle)	c. (Last) Robinson	4. DATE OF DEATH April 27, 1951
				(Month) (Day) (Year)

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1884 1-19-51	9. AGE (In years last birthday) 67	10 UNDER 1 YEAR 3	11 UNDER 1 MO. 8
			Hours	Min.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BISMARCK, MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME HENRY P. ROBINSON	13b. MOTHER'S MAIDEN NAME MARY BILPATRICK	14. NAME OF HUSBAND OR WIFE MRS. MAUDE ROBINSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 499-01-9025	17. INFORMANT'S SIGNATURE OR NAME Nursing Home Records - Rolla, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carcinoma of stomach		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no operation.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) no	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) (Min.)	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 **April 1, 1951**, to **April 27, 1951**, that I last saw the deceased alive on **April 26, 1951**, and that death occurred at **7:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Sidney McFarland, M.D.	23b. ADDRESS Rolla Mo	23c. DATE SIGNED 4/27/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 4-29-51	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	24d. LOCATION (City, town, or county) (State) BISMARCK, MO.
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DATE REC'D BY LOCAL REG. Apr. 27, 1951	REGISTRAR'S SIGNATURE Nadine L. Stoll	390	25. FUNERAL DIRECTOR'S SIGNATURE John Shipman	ADDRESS Bismarck, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

812
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RECEIVED
Phelps County Health Officer,
County File Number
Date Filed May 10, 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 _____

John Shipman

working under my personal supervision.

Signed... John Shipman
Student Embalmer

Student Embalmer No. 415
Signed Burret Sparks

Licensed Embalmer No. 4287

P. O. Address Flat Quar 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.