

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32407

State File No. ....

FILED SEP 24 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 6278 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Wright</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Wright</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Brush Creek</u>		c. LENGTH OF STAY (in this place) <u>85 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>1140</u> OR TOWN <u>RURAL Brush Creek</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi. N.E. Hartville, MO</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) <u>Allen</u> c. (Last) <u>Robinette</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 5 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>7-15-1866</u>		9. AGE (In years last birthday) <u>85</u>
			IF UNDER 1 YEAR Months <u>1</u> Days <u>20</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></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>Wright County MO</u>
					12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>JAMES H. Robinette</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY Smith</u>		14. NAME OF HUSBAND OR WIFE <u>DORCAS Pauline Robinette</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>P.J. Robinette Hartville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Haemorrhage Cerebral</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			Not known
	DUE TO (c) <u>Hypertension</u>			Not known
	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 <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)	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 8-2, 1951, to 9-5, 1951, that I last saw the deceased alive on 8-2, 1951, and that death occurred at 5:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ed. Cameron M.D.</u>		23b. ADDRESS <u>Mountains Over Mo</u>		23c. DATE SIGNED <u>13 Sep 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-8-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Robinette Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wright County MO</u>	
DATE REC'D BY LOCAL REG. <u>Sept 22, 1951</u>	REGISTRAR'S SIGNATURE <u>E. B. Garner by Jeannette Nelson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gene E. Holden Hartville, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 10 1963

WRIGHT CO. HEALTH DEPT.  
County File Number 951-93  
Date Filed Sept. 22, 1963

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 Gene E. Holdren

Licensed Embalmer No. 3865

P. O. Address: Hartsville, 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.