

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4288

State File No.

FILED MAR 13 1952

BIRTH NO. _____ REG. DIST. NO. 66 PRIMARY REG. DIST. NO. 5257 Registrar's No. 65

210
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Yellow Creek Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Yellow Creek Twp.</u>	
c. LENGTH OF STAY (in this place) <u>22 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Southwest of Brookfield, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Robinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 29, 1952</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 1, 1863</u>		9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>88</u> <u>6</u> <u>28</u>	
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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 <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
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13a. FATHER'S NAME <u>J.T. Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Boggs</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Robinson</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> (If specify war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Roy McCollum, Brookfield, Mo</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic myocarditis</u>		DUE TO (b) _____			
		ANTECEDENT CAUSES		DUE TO (c) _____			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		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 <u>4222</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from JAN. 15, 1952, to FEB. 29, 1952, that I last saw the deceased alive on FEB. 29, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. H. Potter</u> (Degree or title) <u>Do.</u>		23b. ADDRESS <u>Brookfield, Mo</u>		23c. DATE SIGNED <u>2-3-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/2/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belle Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Marceline, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>March 5 52</u>		REGISTRAR'S SIGNATURE <u>Maud Wright</u> <u>450</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James M. Langhans</u> <u>Marceline, Mo</u>	
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MAY 1 1958

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 _____ X

Student Embalmer No. _____ X

working under my personal supervision.

Student _____ X
Student Embalmer

Signed George W. Davolt

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.