V.S. No. 300
Rev. 10-48

FILED MAR 31 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8783

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 51

0493
1

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

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 128 N ELM St
c. LENGTH OF STAY (in this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CARTHAGE Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CARTHAGE 0493
d. STREET ADDRESS (If rural, give location): 128 N. ELM. 0

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

4. DATE OF DEATH (Month) (Day) (Year): MAR 18 1952

5. SEX: MALE 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: MAY 22 1888
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 9, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): DANDVILLE ILL 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: U. G. ROBINSON
13b. MOTHER'S MAIDEN NAME: IRWILDA FIELDS
14. NAME OF HUSBAND OR WIFE: Maggie Robinson

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: Maggie Robinson — ADDRESS: Carthage 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): Cancer of Rectum
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): with Metastasis
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
154X

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

19a. DATE OF OPERATION: Jan 14 '52
19b. MAJOR FINDINGS OF OPERATION: Cancer of Rectum - Metastasis to liver
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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): none 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* Dec 12, 1951, *to* Mar 18, 1952, *that I last saw the deceased alive on* Feb 15, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George H. Wood M.D.
23b. ADDRESS: Carthage Mo
23c. DATE SIGNED: 3/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Carterville Cemetery
24d. LOCATION (City, town, or county) (State): Carterville Mo

DATE REC'D BY LOCAL REG.: 3-19-52
REGISTRAR'S SIGNATURE: L B Clinton 139 D MD
25. FUNERAL DIRECTOR'S SIGNATURE: Johnston Amos Simpson — ADDRESS: Mortuary Webb City Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-28-52
Jasper County Health Office

County File Number 52/3/255

Date Filed 3-28-52

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 Harry E. Arnce

Licensed Embalmer No. 4463

P. O. Address Webb City 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.