

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12226**

No. 3007  
10.48  
**FILED APR 28 1952**

BIRTH NO. _____		REG. DIST. NO. <u>47</u>	PRIMARY REG. DIST. NO. <u>3008</u>	Registrar's No. <u>147</u>
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mineral Point</u>		
c. LENGTH OF STAY (In this place) <u>18 days</u>		d. STREET ADDRESS (If rural, give location) <u>1100</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. # 1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wiley</u> b. (Middle) _____ c. (Last) <u>ROBINSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 25 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1877</u>	9. AGE (In years last birthday) <u>75 yrs</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saloon</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DK.</u>	11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>DK.</u>		13b. MOTHER'S MAIDEN NAME <u>DK.</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Robinson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>DK.</u>		16. SOCIAL SECURITY NO. <u>DK.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Strop. Reed Fulton Mo</u> ADDRESS _____	
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.		<b>MEDICAL CERTIFICATION</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident</u>		INTERVAL BETWEEN ONSET AND DEATH _____		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Syphilis of C.N.S.</u>				
DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION <u>None</u>		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>026x</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>April 7, 1952</u> to <u>April 25, 1952</u> that I last saw the deceased alive on <u>April 25, 1952</u> and that death occurred at <u>7:55 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Wm. J. Crum</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>State Hosp. # 1</u>		23c. DATE SIGNED <u>4/25/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dunbar Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Mo</u>
DATE REC'D BY LOCAL REG. <u>Apr 26-1952</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426-D</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Luther Spack Paternity</u> ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

43  
2

MAY 20 1952

MAY 20 1952

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 Murphy J. Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River 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.