

WILSON
 STANDARD CERTIFICATE OF DEATH

State File No. **19068**

FILED JUN 3 1952

BIRTH NO. _____ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6128** Registrar's No. **184**

| | | | |
|---|---------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Shannon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence 1010 | |
| c. LENGTH OF STAY (In this place) 40 yrs | | d. STREET ADDRESS (If rural, give location) 0 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Henry c. (Last) Robinson | | | 4. DATE OF DEATH (Month) (Day) (Year) May 20-1952 |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 4-1886 |
| 9. AGE (In years last birthday) 65 | | if UNDER 1 YEAR Months 10 Days 16 | if UNDER 4 HRS. Hours 16 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) White Church, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME J M. Robinson | |
| 13b. MOTHER'S MAIDEN NAME Mary Kimberlin | | 14. NAME OF HUSBAND OR WIFE Myrtle M. Robinson | |
| 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. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs J H Robinson Eminence, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH 2 M. ANTECEDENT CAUSES Arteriosclerosis & Age Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 | | 19b. MAJOR FINDINGS OF OPERATION 332X | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m. | | 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 March 1951 , to May 20, 1952 , that I last saw the deceased alive on May 20, 1952 , and that death occurred at 7:45pm. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Dr. F. Wilson (Name or title) | | 23b. ADDRESS Eminence Mo | |
| 23c. DATE SIGNED 5-24-52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 5-22-52 | |
| 24c. NAME OF CEMETERY OR CREMATORY New | | 24d. LOCATION (City, town, or county) (State) Eminence, Mo. | |
| DATE REC'D BY LOCAL REG. 5-29-52 | | REGISTRAR'S SIGNATURE Mabel ... | |
| 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo | | | |

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

Joe G. Duncan

Licensed Embalmer No. *4325*

P. O. Address *Mt View 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.