

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30999

State File No.

0170
 3

LED OCT 6 1952

BIRTH NO. _____		REG. DIST. NO. <u>56</u>		PRIMARY REG. DIST. NO. <u>5193</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural, Egypt Twp.</u>			c. LENGTH OF STAY (in this place) <u>7. Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton.</u>			<u>0171</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile West Norborne.</u>				d. STREET ADDRESS (If rural, give location) <u>6</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>Albert</u>		c. (Last) <u>Robinson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 28, 1952</u>
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>Dec. 21, 1888</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cab. Co. Lexington.</u>		11. BIRTHPLACE (State or foreign country) <u>Wilson Kansas.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Perry Robinson.</u>		13b. MOTHER'S MAIDEN NAME <u>Georgie Alice Snell.</u>		14. NAME OF HUSBAND OR WIFE <u>None.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Stapleton</u>		ADDRESS <u>Norborne, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>acute coronary thrombosis</u>					<u>24 hours</u>
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid 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				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>4201</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>Deborah Barish</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. Cole, M.D.</u>				23b. ADDRESS <u>Norborne Mo</u>		23c. DATE SIGNED <u>9-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 1, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>SEPT-29-1952</u>		REGISTRAR'S SIGNATURE <u>Eileen Pennington</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Deitch</u>		ADDRESS <u>Norborne, Mo.</u>	

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

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Northone 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.