S. No. 300
v. 10.48

1070
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC'D SEP 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33993
State File No.

BIRTH NO. REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Shirrell
c. LENGTH OF STAY (In this place): 65 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Texas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Shirrell 1070
d. STREET ADDRESS (If rural, give location): 3½ mi W. of Licking Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Rain
c. (Last): Robinson

4. DATE OF DEATH (Month) (Day) (Year): 9-12-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 29, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Batesville Ark.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Robinson
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: 486-24-0728
17. INFORMANT'S SIGNATURE OR NAME: Olin Robinson
ADDRESS: Licking 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) Cardio-vascular-renal disease — INTERVAL BETWEEN ONSET AND DEATH: 3 or 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis, Myocarditis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General debility + dehydration

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 44.2 X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 15, 1952, *to* Sept 12, 1952, *that I last saw the deceased alive on* Sept 10 1952, *and that death occurred at* 10:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Richard E. Myers
(Degree or title): D.O.
23b. ADDRESS: Newburg Mo
23c. DATE SIGNED: 9-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-14-52
24c. NAME OF CEMETERY OR CREMATORY: Licking Cem.
24d. LOCATION (City, town, or county) (State): Licking Mo

DATE REC'D BY LOCAL REG.: 9/26/52
REGISTRAR'S SIGNATURE: Elnora Hesse
25. FUNERAL DIRECTOR'S SIGNATURE: Smith-Ferguson
ADDRESS: Licking Mo

(Licensed Embalmer's Statement on Reverse Side)

Richard Myers

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 Eubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Liberty 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.