

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

521

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5172 Registrar's No. 118

0140
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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>CALLAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL SHAMROCK TOWNSHIP</u>	
c. LENGTH OF STAY (In this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. SHAMROCK MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL SHAMROCK TOWN</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u>	b. (Middle)	c. (Last) <u>ROBINSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 6, 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 13, 1875</u>	9. AGE (In years last birthday) (Specify) <u>77</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CALLAWAY Co. MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ISRAEL ROBINSON</u>	13b. MOTHER'S MAIDEN NAME <u>KATHRYN WELLS</u>	14. NAME OF HUSBAND OR WIFE <u>MAUDE LAIL</u>
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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>Harry Robinson</u>	ADDRESS <u>Unpasse. Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
	ANTECEDENT CAUSES 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. <u>4201</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 Oct 27, 1952 to Jan 6, 1953 that I last saw the deceased alive on Jan 2, 1953 that death occurred at 9:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Wellsville mo</u>	23c. DATE SIGNED <u>1-8-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 8, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LIBERTY</u>	24d. LOCATION (City, town, or county) (State) <u>SHAMROCK MO.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 17-1953</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Fulton, Mo</u>
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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 _____

Licensed Embalmer No. 3722

P. O. Address Fuller 5120

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.