

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10734

FILED MAR 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>240</u>		PRIMARY REG. DIST. NO. <u>5827</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lewis Twsp</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lewis Twsp. 0720</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles N.W. of Lilbourn</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles N.W. of Lilbourn</u>				d. STREET ADDRESS (If rural, give location) <u>5 miles N.W. of Lilbourn</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Simon</u>		b. (Middle) <u>Peter</u>		c. (Last) <u>Robinson</u>	
4. DATE OF DEATH		a. (Month) <u>March</u>		b. (Day) <u>14</u>		c. (Year) <u>1953</u>	
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>Sept. 2 1878</u>		9. AGE (in years last birthday) <u>74</u> <u>6</u> <u>12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Alton, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Martin Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Sullivan</u>		14. NAME OF HUSBAND OR WIFE <u>Jeanette Robinson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jeanette Robinson, Lilbourn, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS, Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>1-10</u> , 19 <u>53</u> , to <u>3-14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-14</u> , 19 <u>53</u> , and that death occurred at <u>11</u> <u>pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. M. Jarno</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Molbause, Mo.</u>		23c. DATE SIGNED <u>3-16-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park</u>		24d. LOCATION (City, town, or county) (State) <u>Lilbourn, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-19-53</u>		REGISTRAR'S SIGNATURE <u>H. L. Ponder Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home-Lilbourn, Mo.</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.