No. 300
10-48

FILED APR 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15075

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Portageville
c. LENGTH OF STAY (In this place) 18 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 100 4th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Portageville, Mo 0721
d. STREET ADDRESS (If rural, give location) 100 4th St

3. NAME OF DECEASED (Type or Print) a. (First) Julius b. (Middle) A c. (Last) Robinson
4. DATE OF DEATH (Month) (Day) (Year) April-6-1953
5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May-12-1886
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 10 Days 24 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Station Agent
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Patton Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME David Robinson
13b. MOTHER'S MAIDEN NAME Mary Bullington
14. NAME OF HUSBAND OR WIFE Carrie Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Carrie Robinson ADDRESS Portageville Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 30 min

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensions — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Heart block, Diabetes Mellitus — 12 yr, ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
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* 2-14, 1953, *to* 4-6, 1953, *that I last saw the deceased alive on* 4-6, 1953, *and that death occurred at* 11:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE John J. Killion (Degree or title) MD
23b. ADDRESS Portageville Mo
23c. DATE SIGNED 4-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 4/8/1953
24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens
24d. LOCATION (City, town, or county) Poplar Bluff (State) Mo

DATE REC'D BY LOCAL REG. 4-16-53
REGISTRAR'S SIGNATURE Ellen DeLude 219
25. FUNERAL DIRECTOR'S SIGNATURE LaForge Funeral Co. ADDRESS Caruthersville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 24 1953

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 Noel C Dean

Licensed Embalmer No. 3941

P. O. Address Caruthersville 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.