S. No. 300
v. 10-48

FILED MAY 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18975

BIRTH NO. ______ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 49

0850
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1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville, Mo Rural
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville, Rural Missouri
d. STREET ADDRESS (If rural, give location): None Rural
0850
0

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

4. DATE OF DEATH (Month) (Day) (Year): May 16, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: June 22, 1912
9. AGE (In years last birthday): 40 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Waynesville, Mo Rural 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: J.W. Robinson
13b. MOTHER'S MAIDEN NAME: Ina Hendricks
14. NAME OF HUSBAND OR WIFE: Callie Powers

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.: 491 28 9051
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Lina McinTyre Waynesville, 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 occlusion — INTERVAL BETWEEN ONSET AND DEATH: instant

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. ✓

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
20. AUTOPSY? YES [X] 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* on May 17, 1953, *to* ______, 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: John A. Mihalevich D.O. (Degree or title)
23b. ADDRESS: Crocker Mo.
23c. DATE SIGNED: 5-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: Bradford Cemetery
24d. LOCATION (City, town, or county) (State): Waynesville, Mo Rural

DATE REC'D BY LOCAL REG.: 5-18-53
REGISTRAR'S SIGNATURE: Eula Lynn Anderson 4580
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Billy James Hodges Crocker, Mo
~~Hedges Funeral Home Waynesville, Mo~~
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-18-53
Pulaski County Health Officer
File Number
Date Filed 5-23-53

APR 30 1958

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_____

working under my personal supervision.

Student Embalmer No.....

Signed Clarence Moss

Signed.....
Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville, Ohio

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.