

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1953

State File No. 20786

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 698

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Faucett	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Street Nursing Home 1006 Deway Ave.			

3. NAME OF DECEASED (Type or Print) Diadema			a. (First)			b. (Middle)			c. (Last) Robinson			4. DATE OF DEATH June 21, 1953			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH October 2, 1874			9. AGE (in years last birthday) 78		10. IF UNDER 1 YEAR Hours		11. IF UNDER 1 YEAR Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY own home				11. BIRTHPLACE (City and State or Foreign Country) Faucett, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Wesley Turner				13b. MOTHER'S MAIDEN NAME Mary McBride				14. NAME OF HUSBAND OR WIFE James Henry Clay Robinson							

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Calvin Robinson, Faucett, Missouri		ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident							6 weeks	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis, generalized				?	
			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 _____				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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 Aug, 1951, to June 21, 1953, that I last saw the deceased alive on ? June, 1953, and that death occurred at 10:08a. m., from the causes and on the date stated above.

23a. SIGNATURE Wilton C. McConold, M.D.		23b. ADDRESS 301 N. 8th St, City		23c. DATE SIGNED 23 June '53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/24/1953		24c. NAME OF CEMETERY OR CREMATORY Toas Cemetery		24d. LOCATION (City, town, or county) (State) Buchanan County, Mo.	
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DATE REC'D BY LOCAL REG. June 24, 1953		REGISTRAR'S SIGNATURE Esther M. Allison		485 - 525 FUNERAL DIRECTOR'S SIGNATURE Weston-Bowman Funeral Home		ADDRESS St Joseph, Mo.	
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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 W E Robertson.....

Licensed Embalmer No. 4791.....

P. O. Address 319 So 10th St.....

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.