

STANDARD CERTIFICATE OF DEATH

State File No. **21083**

JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. **74** PRIMARY REG. DIST. NO. **5295** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township and DAY (in this place) Plattsburg Concord Mo		c. CITY (If outside corporate limits, write RURAL and give township) Cameron 0251	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lewis Nursing Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) (none) c. (Last) Robinson		4. DATE OF DEATH (Month) (Day) (Year) June 15 53	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Dec. 24 1873
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		9b. KIND OF BUSINESS OR INDUSTRY farm	9. AGE (In years) (last birthday) if UNDER 1 YEAR: Months Days Hours Min. 79 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Caldwell, Mo.
12. CITIZENSHIP OF WHAT COUNTRY? USA		13. FATHER'S NAME Daniel Robinson	
13b. MOTHER'S MAIDEN NAME no record		14. NAME OF HUSBAND OR WIFE Belle Robinson (decd)	

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. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Steve Robinson	
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		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) _____ DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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 **May 10, 1953**, to **June 15, 1953**, that I last saw the deceased alive on **June 15, 1953**, and that death occurred at **8:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. G. Shalading M.D.	23b. ADDRESS Plattsburg Mo	23c. DATE SIGNED June 17 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-18-53	24c. NAME OF CEMETERY OR CREMATORY St. Daniel
24d. LOCATION (City, town, or county) (State) Cameron Mo		

DATE REC'D BY LOCAL REG. June 19, 53	REGISTRAR'S SIGNATURE Elizabeth Secor	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edw. Secor Funeral Home
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12-17-57

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.

Signed.....

Robert F. Pollock

Student

Student Embalmer

Licensed Embalmer No.

4777 #
222 West 3

P. O. Address.....

Lawson 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.