

FILED JUL 14 1953

STANDARD CERTIFICATE OF DEATH

State File No. 23617

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6151 Registrar's No. 36

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| 1. PLACE OF DEATH a. COUNTY Stoddard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Elk | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Elk 1030 | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) 2 miles North of Catron 2 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|---|-------------------|--------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Michael | b. (Middle) Glenn | c. (Last) Robinson | 4. DATE OF DEATH (Month) (Day) (Year) June 29, 1953 |
|---|-------------------|--------------------|--|

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|-------------|------------------------|---|---------------------------------|-----------------------------------|--------------|------------|-------------|------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married | 8. DATE OF BIRTH March 24, 1951 | 9. AGE (In years last birthday) 2 | 10. MONTHS 0 | 11. DAYS 0 | 12. HOURS 0 | 13. MIN. 0 |
|-------------|------------------------|---|---------------------------------|-----------------------------------|--------------|------------|-------------|------------|

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|---|-----------------------------------|---|-------------------------------------|
| 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) Sikeston, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME S. P. Robinson, Jr. | 13b. MOTHER'S MAIDEN NAME Civilla Sandlin | 14. NAME OF HUSBAND OR WIFE |
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| 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. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS S. P. Robinson, Jr. Catron, Mo. |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Leukemia | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 2040 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) _____ |
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|---|--|----------------------------|
| 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 June 29, 1953, to June 29, 1953, that I last saw the deceased alive on June 29, 1953, and that death occurred at 4:30 p.m. from the causes and on the date stated above.

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|---|------------------------------|-------------------------|
| 23a. SIGNATURE (Degree or title) Dr. G. H. ... M.D. | 23b. ADDRESS Yarnia Missouri | 23c. DATE SIGNED 7-2-53 |
|---|------------------------------|-------------------------|

| | | | |
|--|------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE July 2, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Mounds Park Cemetery | 24d. LOCATION (City, town, or county) (State) Lilbourn Missouri |
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|---------------------------------|-----------------------------------|--|
| DATE REC'D BY LOCAL REG. 7-7-53 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ponder Funeral Home Lilbourn, Mo. |
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(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 J. Ponder

Licensed Embalmer No. 3367

P. O. Address Lillbourn, Ill.

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.