

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23627

State File No. \_\_\_\_\_

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

FILED JUL 6 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>4115</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		c. LENGTH OF STAY (in this place) <u>154 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u> <u>1050</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Anson</u> c. (Last) <u>Robinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-24-53</u>				
5. SEX <u>m</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>5-21-1874</u>	
9. AGE (in years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>John Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Kelley</u>		14. NAME OF HUSBAND OR WIFE <u>Addie O. Michael</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Addie Robinson - Milan - Mo</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>sudden death, natural, non-violent</u>				INTERVAL BETWEEN ONSET AND DEATH _____			
ANTECEDENT CAUSES DUE TO (b) <u>causes unknown</u>				_____			
DUE TO (c) <u>probable coronary occlusion</u>				<u>5 min.</u>			
II. OTHER SIGNIFICANT CONDITIONS: <u>Coronary insufficiency, arterio-sclerosis, obesity.</u>				<u>2yrs-10 &amp; 10yr</u>			
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 <u>5-19, 1950</u> , to <u>10-23, 1952</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>9:30 p. m.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Joseph P. Prior, D.O.</u>				23b. ADDRESS <u>217 E. Second St., Milan, Mo.</u>		23c. DATE SIGNED <u>6-29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brantley Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Newtown Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 2 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. D. C. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoen</u>		ADDRESS <u>Milan, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

**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 Dwight Schwane

Licensed Embalmer No. 2662

P. O. Address Ustlan - Wis.

**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.