

FILED DEC 28 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44028

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 2435

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. LENGTH OF STAY (in this place) <u>1 wk</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		c. CITY OR TOWN <u>Farmington</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS <u>Colorado Ave 0</u> (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Farrest</u> b. (Middle) <u>Robinson</u> c. (Last) <u>Robinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 20 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept 5, 1906</u>		9. AGE (in years last birthday) <u>47</u>		IF UNDER 1 YEAR Days <u>3</u> IF UNDER 24 HRS. Min. <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Public Office</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Recorder of Deeds</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Francois Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Floyd Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E Sharp</u>		14. NAME OF HUSBAND OR WIFE <u>Betty Jo Robinson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>486-38-007</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Betty Jo Robinson, Farmington, Mo</u> ADDRESS	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary atherosclerosis</u>			
		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 Dec 12, 1953 to Dec 20, 1953 that I last saw the deceased alive on Dec 19, 1953 and that death occurred at 8:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles E. Coulton, MD</u>		23b. ADDRESS <u>Farmington, Mo.</u>		23c. DATE SIGNED <u>12-21-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/22/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial Park</u>	
				24d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Dec 21, 1953</u>		REGISTRAR'S SIGNATURE <u>289-0</u> <u>Ether Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Funeral Home, Farmington, Mo</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *Paul Khyal* \_\_\_\_\_

Licensed Embalmer No. *4120* \_\_\_\_\_

P. O. Address *Farrington, N.C.* \_\_\_\_\_

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.