

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH.

18338

State File No. ....

FILED JUN 21 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 2291 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Plays</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Plays</u>	
b. CITY (If outside corporate limits write RURAL and give township) <u>Rural Liberty</u>		c. CITY OR TOWN <u>R1 Liberty</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 mo</u>		e. STREET ADDRESS (If rural, give location) <u>6000 Roosterville Community</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200 F Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>E</u> c. (Last) <u>ROBINSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11-54</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Oct. 30-1863</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>J. H. Robinson</u>	13b. MOTHER'S MAIDEN NAME <u>unk</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sam Robinson N.K.S.</u>	ADDRESS <u>no</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks more than 3 weeks several years at least 15 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Obstruction of common bile duct</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stricture at or pull of Vater</u> DUE TO (c) <u>Non-specific chronic inflammation</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1949 to June 11, 1954 that I last saw the deceased alive on June 10, 1954 and that death occurred at 10:15 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. O. Schroeder, M.D.</u>	23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>June 11-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Providence Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Plays Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 14, 1954</u>	REGISTRAR'S SIGNATURE <u>Mabel Graham</u>	416	25. FUNERAL DIRECTOR'S SIGNATURE <u>Punch Archer Co.</u>	ADDRESS <u>Liberty Mo</u>
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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 *John Lombard*.....  
Licensed Embalmer No. *444*  
P. O. Address *Liberty*.....

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.