

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24068**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **188**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0883 607 1/2 S. Marley	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wabash RR. Saaf McKinzie St			
3. NAME OF DECEASED (Type or Print) a. (First) Homer b. (Middle) G c. (Last) Robinson			4. DATE OF DEATH (Month) (Day) (Year) July 30, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct 17th 1910
9. AGE (in years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker	11. BIRTHPLACE (City and State or Foreign Country) Mo
11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME James E Robinson		13b. MOTHER'S MAIDEN NAME Linnie White	
14. NAME OF HUSBAND OR WIFE			
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. Un Known	
17. INFORMANT'S SIGNATURE OR NAME		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) Run over by train ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) dating 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. E802X 35	
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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) RR track	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Moberly, Randolph Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 30 1954 11:50 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fell asleep on tracks and not awakened	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:15P m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) David J. Kelly, M.D., Surgeon		23b. ADDRESS Moberly Missouri	
23c. DATE SIGNED 7/31/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-1-54	24c. NAME OF CEMETERY OR CREMATORY Perche	24d. LOCATION (City, town, or county) (State) Boone County, Mo
DATE REC'D BY LOCAL REG. 8/1/54	REGISTRAR'S SIGNATURE Leah Bellair	25. FUNERAL DIRECTOR'S SIGNATURE Mahan & Son	ADDRESS Moberly, Mo

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

APR 1 1954

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 Frank S. D. Will

Licensed Embalmer No. _____

P. O. Address _____

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.