

FILED DEC 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39960

BIRTH NO. _____		REG. DIST. NO. 365		PRIMARY REG. DIST. NO. 6238		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Washington				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri Washington			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Belgrade Twsp.		c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Belgrade Twsp. 7100		d. STREET ADDRESS (If rural, give location) 4 mi. S. of Belgrade	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) RICHARD c. (Last) ROBINSON				4. DATE OF DEATH (Month) (Day) (Year) Nov. 30 1954			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 3 1874	
9. AGE (In years) 79		10. MONTH (Day) (Min.) II 27		11. BIRTHPLACE (City and State or Foreign Country) Belgrade, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY live stock		11. BIRTHPLACE (City and State or Foreign Country) Belgrade, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Richard McClure Robinson			13b. MOTHER'S MAIDEN NAME Judy Ann Wright			14. NAME OF HUSBAND OR WIFE Nellie May Hill Robinson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Robinson, Caledonia Mo. Rt.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Atherosclerosis 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.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:05A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. H. Russell, M.D.				23b. ADDRESS Caledonia, Mo.		23c. DATE SIGNED 12/2/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-2-54		24c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery		24d. LOCATION (City, town, or county) (State) Caledonia, Missouri.	
DATE REC'D BY LOCAL REG. 12-4-54		REGISTRAR'S SIGNATURE Ella V. White 336		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo. <i>Archie White</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED

DEC 14 1954

WASH. COUNTY HEALTH DEPT.

File No. _____

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 Arvid J. White

Licensed Embalmer No. 3012

P. O. Address Clinton, Mo.

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.