

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1671

State File No.

FILED JAN 7 1955

BIRTH NO. REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>hinn Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Chariton</u>	
b. CITY OR TOWN <u>MARCOHINE</u>		c. CITY OR TOWN <u>SUMNER</u>	
c. LENGTH OF STAY (In this place) <u>15 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>0210</u>	

3. NAME OF DECEASED (Type or Print) <u>EARL A Robinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-1-55</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>Aug 14-1880</u>		9. AGE (In years last birthday) <u>74</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mendon MO</u>	
13a. FATHER'S NAME <u>William S. Robinson</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Belle Robinson</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Batherine Robinson Sumner</u>		ADDRESS <u>MO</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis with azotemia</u>	DUE TO (b) <u>Arteriosclerosis</u>			<u>2 wks</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>Coronary atherosclerosis Rt bundle branch block</u>			<u>4 yrs</u>
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 <u>4/6 X</u>			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) m.	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 March 1952 to 1-1-1955, that I last saw the deceased alive on 12/23/1954, and that death occurred at 6:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John R. Dufan M.D.</u>	23b. ADDRESS <u>Berkeley MO</u>	23c. DATE SIGNED <u>1-2-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-3-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>hakeside</u>
24d. LOCATION (City, town, or county) (State) <u>Sumner MO</u>		

DATE REC'D BY LOCAL REG. <u>1/4/55</u>	REGISTRAR'S SIGNATURE <u>Mary Jane Pigo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. Leiper</u>	ADDRESS <u>Mendon MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *S. L. Shepard*.....

Licensed Embalmer No... 397
P. O. Address *Mendon*

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.