

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10927

State File No. ....

FILED MAY 11 1955

BIRTH NO. ....

REG. DIST. NO. 11PRIMARY REG. DIST. NO. 4024Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cassville</u>		c. LENGTH OF STAY (In this place) <u>4 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>Cassville Community Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>Stella, Mo. R#1</u> <u>0.V 30,</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>		b. (Middle) <u>Preston</u> c. (Last) <u>Robinson</u>	
4. DATE OF DEATH <u>April 29 1955</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>Febr. 5 1878</u>	
9. AGE (In years last birthday) <u>77</u> Months <u>2</u> Days <u>24</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rose Hill Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Pat Robinson</u>	
13b. MOTHER'S MAIDEN NAME <u>Shrilda Marcum</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Robinson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Robinson Stella, Mo. R#1</u>		ADDRESS <u>Stella, Mo. R#1</u>	
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>Cardiac Arrest</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Empyema of gallbladder</u> DUE TO (c) <u>Cholelithiasis</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>584 X</u>	
20. AUTOPSY? YES <input checked="" 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 <u>4-25-1955</u> to <u>4-29-1955</u> , that I last saw the deceased alive on <u>4-29-1955</u> , and that death occurred at <u>1:30P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Pandal N. Ochs, M.D.</u>		23b. ADDRESS <u>Wharton, Mo.</u>	
23c. DATE SIGNED <u>5-2-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-1-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Stella, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-4-55</u>		REGISTRAR'S SIGNATURE <u>Mary McDonald, dep.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Morris</u>		ADDRESS <u>P.O. Wharton, Mo.</u>	

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

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 555-237

DATE REC. 5-9-55

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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 *James Kenneth Dun*

Licensed Embalmer No. *#7*

P. O. Address *Wheeler*

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.