

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **14800**

No. 300
10.48

FILED JUN 8 1955

REGISTRAR'S No. **331**
5143

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

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 5143		REGISTRAR'S No. 331	
1. PLACE OF DEATH a. COUNTY BUTLER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SCOTT			
b. CITY (If outside corporate limits, write RURAL and give name of township) OR TOWN POPLAR BLUFF TWP.		c. CITY OR TOWN CHAFFEE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION GOODWICH NURSING HOME				e. STREET ADDRESS (If rural, give location) 119 ELLIOT AVE 1001			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) MARION c. (Last) ROBINSON			4. DATE OF DEATH (Month) (Day) (Year) MAY 22-1955				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1-20-1872	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Days 4	IF UNDER 24 HRS. Min. 2	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD		10b. KIND OF BUSINESS OR INDUSTRY SECTION FOREMAN		11. BIRTHPLACE (City and State or Foreign Country) ROLLA MO		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
13a. FATHER'S NAME ELI GIBB ROBINSON		13b. MOTHER'S MAIDEN NAME JANE GOARD		14. NAME OF HUSBAND OR WIFE MYRTLE ROBINSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. 493-26-9749		17. INFORMANT'S SIGNATURE OR NAME Mr Andy Robinson ADDRESS CHAFFEE MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Colon				INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES 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. Generalized Arteriosclerosis				 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 153 X				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) _____		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 5 April , 19 55 , to 22 May , 19 55 , that I last saw the deceased alive on 22 May , 19 55 , and that death occurred at 8 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Norman E. Wilks MD				23b. ADDRESS Poplar Bluff Mo		23c. DATE SIGNED 27 May 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE MAY 24-1955		24c. NAME OF CEMETERY OR CREMATORY UNION PARK CEM		24d. LOCATION (City, town, or county) (State) CHAFFEE MO	
DATE REC'D BY LOCAL REG. 5/31/55		REGISTRAR'S SIGNATURE G. D. Munch		25. FUNERAL DIRECTOR'S SIGNATURE W. B. Stubbs		ADDRESS CHAFFEE MO	

RECEIVED
JUN 6 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

JUN 22 1955

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.

Not Embalmed

Student _____
Signature of Student Embalmer

Signed _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.