

No. 300
10.48

FILED OCT. 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34199**

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5877 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hi-14, Enroute to hospital (7 mi.)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Couch	
c. LENGTH OF STAY (in this place) (7 mi.)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION East of Alton, Missouri.			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Dewitt c. (Last) Robinson			4. DATE OF DEATH (Month) (Day) (Year) October 17, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 2-25-1893	9. AGE (In years last birthday) 62	10. IF UNDER 1 YEAR Days 7 IF UNDER 24 HRS. Mins. 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Oregon County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Andrew J. Robinson		13b. MOTHER'S MAIDEN NAME Josephine Rawdon		14. NAME OF HUSBAND OR WIFE None	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha Stephens, Couch, Missouri	

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) Gastric hemorrhage ANTECEDENT CAUSES DUE TO (b) C.A. DUE TO (c) Senile body changes. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 151X			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) Alton Oregon Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 5-18, 1953, to 10-17, 1955, that I last saw the deceased alive on 10-17, 1955, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. W. C. Johnson		23b. ADDRESS Alton Mo.		23c. DATE SIGNED 10-19-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-18-1955		24c. NAME OF CEMETERY OR CREMATORY Cotton Creek Cemetery	
		24d. LOCATION (City, town, or county) (State) Jobe Oregon Missouri			

DATE REC'D BY LOCAL REG. 10/25/55		REGISTRAR'S SIGNATURE Mrs W.C. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edward ... Johnson	
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(Licensed Embalmer's Statement on Reverse Side)

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

Student Embalmer

Signed

Richard Carr

Licensed Embalmer No. 4516

P. O. Address Thiery, 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.