

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1623**

FILED FEB 14 1956

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN, MISSOURI		c. LENGTH OF STAY (In this place) 3 Hrs.	c. CITY OR TOWN CARL JUNCTION, MO		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL			e. STREET ADDRESS (If rural, give location) 410 NO. CONGILL STREET		
3. NAME OF DECEASED (Type or Print) a. (First) CHESTER b. (Middle) L. c. (Last) ROBINSON			4. DATE OF DEATH (Month) (Day) (Year) 1-27-1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-10-1906	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 5
IF UNDER 1 YEAR Days 17	IF UNDER 24 HRS. Hours 17	IF UNDER 1 MIN. Min. 17	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dr. Post Employee		10b. KIND OF BUSINESS OR INDUSTRY Explosives
11. BIRTHPLACE (City and State or Foreign Country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Robert Frank Robinson		13b. MOTHER'S MAIDEN NAME Mildred Reach		14. NAME OF HUSBAND OR WIFE Josephine Robinson	
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. 187-09-0722	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josephine Robinson, Carl Jct., Mo.		
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) Cerebral metastasis of hypernephroma INTERVAL BETWEEN ONSET AND DEATH 1 MO.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypernephroma DUE TO (c)			14 mos.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 180X					
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)		
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 July 19-53 to 1-27, 1956 , that I last saw the deceased alive on 1-27, 1956 and that death occurred at 7:50 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Am. Ferguson MD			23b. ADDRESS Wash City Mo.		23c. DATE SIGNED 1/31/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 129-1956	24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery	24d. LOCATION (City, town, or county) (State) Carl Junction, Missouri		
DATE REC'D BY LOCAL REG. 2-10-56	REGISTRAR'S SIGNATURE Novie Merriman		25. FUNERAL DIRECTOR'S SIGNATURE Sam Lewis	ADDRESS Carl Junction, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 13 1956
Jasper County Health Office

County File Number 56-2-147
Date Filed FEB 13 1956

APR 23 1956

FEB 18 1956

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 Harvey E. Price
Licensed Embalmer No. 446

P. O. Address Webb City

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.