

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 12 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5776 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Washington Twp.</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Rural</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
STREET ADDRESS (If rural, give location)		<u>06 1/2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Stephen</u> b. (Middle) <u>W</u> c. (Last) <u>Robinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 4, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>June 4, 1907</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months _____ Days _____
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	11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>S.L. Robinson</u>	13b. MOTHER'S MAIDEN NAME <u>Lillie Cribb</u>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>War II</u>	16. SOCIAL SECURITY NO. <u>499-18-5771</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ida Polston Mercer Mo.</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>coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary heart disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs.</u> <u>3 yrs.</u>
---	--	--	--	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 4-4-, 1956, to 4-4-, 1956, that I last saw the deceased alive on 4-4-56, 1956, and that death occurred at 5:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Rayson J. Atwell, D.O.</u>	23b. ADDRESS <u>Princeton, Missouri</u>	23c. DATE SIGNED <u>4-5-56</u>
--	---	--------------------------------

24a. BURIAL, CREMATION; REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-6-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wilder Ceme.</u>	24d. LOCATION (City, town, or county) (State) <u>Mercer Co. Mo.</u>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>4-7-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Martin Funeral Home Princeton, Mo</u>
--	--	---

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

MAR 12 1956

9561 O & Hd

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 *John Martin*

Licensed Embalmer No. *376*
P. O. Address *Wynceton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.