XC- FILED JUL 11 1956

RN 12007

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 19761

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 377

1. PLACE OF DEATH a. COUNTY Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff — Inside Limits Yes X No ☐	c. CITY OR TOWN New Madrid 072 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VA Hospital — Length of stay in 1b: 1 day	d. STREET ADDRESS (If outside, give location) 821 Water St., — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Thomas	Middle: Martin	Last: Robinson	4. DATE OF DEATH Month Day Year: June 27, 1956
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 6/20/22	9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Draftsman & Oiler	10b. KIND OF BUSINESS OR INDUSTRY: Unknown	11. BIRTHPLACE (City and state or country): New Madrid, Mo.	12. CITIZEN OF WHAT COUNTRY?: U.S.A.	
13. FATHER'S NAME: Scottie B. Robinson		14. MOTHER'S MAIDEN NAME: Carrie LaValle		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WWII	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT: VA Hospital Records	Address	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cirrhosis liver

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 5810

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 27, 1956, to June 27, 1956 and last saw him alive on 6/27/56

Death occurred at 10:10 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. D. Baskett (Degree or title) M.D. Chf Med Sv., — 22b. ADDRESS VAH, Poplar Bluff, Mo. — 22c. DATE SIGNED 6/28/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 23b. DATE: 6-28-56 — 23c. NAME OF CEMETERY OR CREMATORY: New Madrid Evergreen — 23d. LOCATION (City, town, or county) (State): New Madrid, Mo.

24. FUNERAL DIRECTOR ADDRESS: Frank-Cotrell Poplar Bluff, Mo. — 25. DATE RECD. BY LOCAL REG.: 7/8/56 — 26. REGISTRAR'S SIGNATURE: By [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED
JUL 9 1956
BUTLER CO. HEALTH CENTER
FILE No._____

JUL 17 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 2

P. O. Address Poplar Bl

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.