

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23415  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 200 Registrar's No. 640

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY OR TOWN <u>SPRINGFIELD</u>		c. CITY OR TOWN <u>MARSHFIELD PI</u>	
c. LENGTH OF STAY (in this place) <u>2 HRS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BURGE Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>3 MI NE MARSHFIELD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SIDNEY</u> b. (Middle) <u>O</u> c. (Last) <u>ROBINSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 12 1956</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MAY 14 1896</u>		9. AGE (in years less birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TOOLSMITH</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>PRICE ROBINSON</u>		13b. MOTHER'S MAIDEN NAME <u>HEVINA BASHION</u>		14. NAME OF HUSBAND OR WIFE <u>LILLIAN</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give no. or dates of service) <u>YES WW I</u>		16. SOCIAL SECURITY NO. <u>494-18-8916</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LILLIAN ROBINSON</u>	
				ADDRESS <u>MARSHFIELD</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction due to arteriosclerotic coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 hrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, 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. <u>Thrombosis iliac arteries &amp; abdom. aorta due to atherosclerosis</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causing death. <u>above + atherosclerosis</u>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>(above)</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) <u>4201</u>	
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 7-12-56 to \_\_\_\_\_, that I last saw the deceased alive on 7-12-56, and that death occurred at 4:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold B. Stuman, MD</u> (Degree or title)		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>7-14-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-18-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARSHFIELD</u>	
				24d. LOCATION (City, town, or county) (State) <u>MARSHFIELD MO</u>	

DATE RECD BY LOCAL REG. <u>7-16-56</u>		REGISTRAR'S SIGNATURE <u>Keith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER-EDWARDS</u>	
				ADDRESS <u>MARSHFIELD</u>	

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

JUL 23 1956

JUL 25 1956

JUL 31 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 ..... *Lee Wilson*

Licensed Embalmer No. 456

P. O. Address *Springfield*

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