Health
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 24 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30439
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 837

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): I45I N Freemont — Length of stay in lb: 28 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Greene
c. CITY OR TOWN: Springfield 0396 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): I45I N Freemont St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WARREN — Middle P — Last ROBINSON

4. DATE OF DEATH: Month 9 — Day I4 — Year 56

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Dec 28 I927
9. AGE (In years last birthday): 28 — 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): Waiter
10b. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (City and state or country): Springfield
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Eugene Robinson
14. MOTHER'S MAIDEN NAME: Nettie Sappington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): I950 I952
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Mrs. Eugene Robinson — Address: I04I W. Central

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Cardio-Vascular — INTERVAL BETWEEN ONSET AND DEATH
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)
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 Sept. 14, 1956 to Sept 14, 1956 and last saw ~~her~~ him alive on Sept 14, 1956
Death occurred at 9:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lyman W. Brown M.D.
22b. ADDRESS: 311½ College
22c. DATE SIGNED: 9/15/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9 I9 56
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county): Springfield — (State): Mo

24. FUNERAL DIRECTOR: H. V. Smith — ADDRESS: 602 N. Jefferson
25. DATE RECD. BY LOCAL REG.: 9-17-56
26. REGISTRAR'S SIGNATURE: Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Herbert V. Smith...

Licensed Embalmer No. 428

P. O. Address Springf

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.