Health, Welfare Public Service

300
1-56
Vall

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 JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1121
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 352

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Windsor — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Windsor Hosp. — Length of stay in 1b: 3 wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Henry
c. CITY OR TOWN: Springfield Twsp. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Windsor RR#4 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Everest Middle: Cheo Last: Robinson

4. DATE OF DEATH Month Day Year: January 6, 1957

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: August 25, 1902
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months 4, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Henry Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Archie Robinson
14. MOTHER'S MAIDEN NAME: Mollie Rank

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.: 492-18-3204
17. INFORMANT Address: John Robinson, Windsor, Mo.

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): Cancer of lungs — 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): 163X
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 Dec 7-56, to Jan 6-57 and last saw her/him alive on 1-6-57
Death occurred at 4:45 a.m. 1:49 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H M Wall MD
22b. ADDRESS: Windsor Mo
22c. DATE SIGNED: 1/5/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 9, 1957
23c. NAME OF CEMETERY OR CREMATORY: MT Olivet
23d. LOCATION (City, town, or county) (State): Henry Co. Missouri

24. FUNERAL DIRECTOR ADDRESS: J. E. Gonzales Clinton
25. DATE RECD. BY LOCAL REG.: 1-8-57
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

210

JAN 16 1957

MAY 23 1962

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. E. Consalvi

Licensed Embalmer No. 1.8

P. O. Address Chnt

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.