

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5880

FILED FEB 27 1957

BIRTH NO.		REG. DIST. NO. <u>277</u>		PRIMARY REG. DIST. NO. <u>4411</u>		Registrar's No. <u>9</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>PIKE</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>		d. STREET ADDRESS (If rural, give location) <u>0820</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOLLER</u>		c. LENGTH OF STAY (In this place)		e. CITY (If outside corporate limits, write RURAL and give township)		f. COUNTY <u>PIKE</u>		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX		
a. (First) <u>John</u>			b. (Middle) <u>ALTERED</u>			c. (Last) <u>Robinson</u>		
6. COLOR OR RACE <u>White</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>July 24 1874</u>		
9. AGE (In years, last birthday) <u>82</u>			10. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>Retired</u>			11. BIRTHPLACE (State or foreign country) <u>Montgomery Co. Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			13a. FATHER'S NAME <u>WALTER Robinson</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH STONE</u>		
14. NAME OF HUSBAND OR WIFE <u>Mrs. Gussie Robinson</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gussie Robinson</u>			18. CAUSE OF DEATH			19. DATE OF OPERATION		
ADDRESS <u>Bowling Green</u>			Enter only one cause per line for (a), (b), and (c)			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
MEDICAL CERTIFICATION			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES			DUE TO (b) <u>Acute leukemia</u>		
Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last.			DUE TO (c)			II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.			19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>331x</u>		
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>2</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>8</u>		
22. I hereby certify that I attended the deceased from <u>1931</u> , to <u>2-7-57</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>2-7-57</u> , 19 <u>57</u> , and that death occurred at <u>1200</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>T.M. Malheur M.D.</u>			23b. ADDRESS <u>Bowling Green Mo</u>			23c. DATE SIGNED <u>2-23-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>Feb. 10 1957</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>		
24d. LOCATION (City, town, or county) (State) <u>Edgewood Mo</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Trace Bankhead</u>			ADDRESS <u>Bowling Green Mo</u>		
DATE REC'D BY LOCAL REG. <u>2/28/57</u>			REGISTRAR'S SIGNATURE <u>Bill Robinson</u>			26. FUNERAL DIRECTOR'S SIGNATURE <u>Trace Bankhead</u>		
						ADDRESS <u>Bowling Green Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

254
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MAR 12 1957

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
Student Embalmer -

Signed Harold C. Kinspe

Licensed Embalmer No. 4597

P. O. Address Bowling Green, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.