

FILED AUG 6 1957

STANDARD CERTIFICATE OF DEATH

23416

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 4012 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rock Port. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Rock Port. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION none Length of stay in lb		d. STREET ADDRESS (If outside, give location) none Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Alonzo Lee Robinett First Middle Last			4. DATE OF DEATH 7-25-1957 Month Day Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-6-1865
9. AGE (In years last birthday) 91		10. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Rock Port, Mo., US
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Ezequel Robinett		14. MOTHER'S MAIDEN NAME Demaris Lytæ	
15. WAS DECEASED EVER IN U. S. ARMED SERVICES (Yes, no, or unknown) Yes (If yes, give war Sp-Am. 10-24-1898)		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs Maggie Robinett, Rock Port, Mo. Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 5 minutes 5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 July 1952 to 7-25-57 and last saw ^{her} him live on 7-25-57 Death occurred at 5 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wallace Carpenter MD		22b. ADDRESS Rock Port Mo	22c. DATE SIGNED 7-31-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-27-1957	23c. NAME OF CEMETERY OR CREMATORY Millsap Cem.	23d. LOCATION (City, town, or county) (State) Rock Port, Mo.
24. FUNERAL DIRECTOR Bartholomew Mortuary Rock Port. ADDRESS		25. DATE RECD. BY LOCAL REG. Aug 1, 1957	26. REGISTRAR'S SIGNATURE Tharvin H. Schaefer

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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(Licensed Embalmer's Statement on Reverse Side)

EMIG 7
1581

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.....
Graz Barbatouca

Licensed Embalmer No. 317

P. O. Address Rock Port

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.