

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013402

STATE FILE NUMBER

FILED MAY 15 1958

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

360

S. 300  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler 10124	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo.		c. CITY OR TOWN Poplar Bluff, Mo.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp.		d. STREET ADDRESS (If outside, give location) 721 Mill St.	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Clarence C. Robinson			4. DATE OF DEATH Month Day Year April 28, 1958
5. SEX Male 0	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 Jan. 6, 1894
9. AGE (In years last birthday) 64	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Road, Mo. Pacific, B & B Dept.	11. BIRTHPLACE (City and state or country) Puxico, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME McAlister Robinson	13b. MOTHER'S MAIDEN NAME Martha Walker	14. NAME OF HUSBAND OR WIFE Irene Clements Robinson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Irene Robinson, Poplar Bluff, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line or (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac Decon function</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cor Pulmonale</i> DUE TO (c) <i>Brachial aneurism</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>?</i> <i>?</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>241X</i>			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 <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 <i>24 Apr 58</i> to <i>28 Apr 58</i> and last saw <i>alive</i> on <i>28 Apr 58</i> Death occurred at <i>5:45 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. B. Robinson MD</i> (Degree or title)		22b. ADDRESS <i>721 Mill St, Poplar Bluff Mo.</i>	22c. DATE SIGNED <i>5/8/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-30-58	23c. NAME OF CEMETERY OR CREMATORY WOODLAWN	23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo. 58
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG. <i>5/10/58</i>	26. REGISTRAR'S SIGNATURE <i>R. M. M. tree</i>	

RECEIVED

MAY 13 1958

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

MAY 16 1958

### 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 Charles E. Mungler

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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