

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033459  
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 187 Primary Registration District No. 5705 Registrar's No. 219

S. 300  
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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  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ludlow Monroe Twp</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Ludlow</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <b>0590</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>THOMAS</b> Middle <b>MERRILL</b> Last <b>ROBINSON</b>		4. DATE OF DEATH Month <b>Sept.</b> Day <b>14</b> Year <b>1958</b>	
5. SEX <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 21, 1884</b>
9. AGE (In years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	
11. BIRTHPLACE (City and state or country) <b>Ludlow, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joseph C. Robinson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E. Bryan</b>	
14. NAME OF HUSBAND OR WIFE <b>Sadie Hayes</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>Mrs. Sadie Robinson; Ludlow, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Cerebral Arteriosclerosis</b> DUE TO (c) <b>Generalized arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>332X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>11 days</b> <b>many years</b> <b>many years</b>
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.) <b>—</b>	
20c. TIME OF INJURY Hour <b>—</b> Month, Day, Year <b>—</b> a.m. <b>—</b> p.m. <b>—</b>		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.) <b>—</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>—</b>	
21. I attended the deceased from <b>Dec. 1948</b> to <b>Sept. 14, 1958</b> and last saw him alive on <b>Sept. 10, 1958</b> Death occurred at <b>Five:Thirty</b> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) <b>R. E. Goldberg M.D.</b>		22b. ADDRESS <b>Blaymer, Mo.</b>	
22c. DATE SIGNED <b>9/16/58</b>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 16, '58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>McCoskrie Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Livingston County, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>NORMAN FN'L HOME: Chillicothe, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-16-58</b>	26. REGISTRAR'S SIGNATURE <b>Frances B Neale</b>

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 *E. F. Ramsey* .....

Licensed Embalmer No. 4086 .....

P. O. Address Chillicothe, Mo .....

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.