

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038835
STATE FILE NUMBER

FILED NOV 26 1958

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 105

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Bates</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY <i>Bates</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Butler</i>		c. CITY OR TOWN <i>Butler</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>521 W. H. Scott</i>		d. STREET ADDRESS (If outside, give location) <i>521 W. H. Scott</i>	
Length of stay in 1b <i>15 yrs.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Harve</i> Middle <i>P.</i> Last <i>Robinson</i>			4. DATE OF DEATH Month <i>Nov.</i> Day <i>16</i> Year <i>1958</i>			
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5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>12-11-1880</i>	9. AGE (In years last birthday) <i>77</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Insurance</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Agent</i>	11. BIRTHPLACE (City and state or country) <i>Bates Co. Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>H.P. Robinson Jr.</i>	13b. MOTHER'S MAIDEN NAME <i>—</i>	14. NAME OF HUSBAND OR WIFE <i>Della Robinson</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Della Robinson</i>	Address <i>Butler, Mo.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Interstitial Nephritis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>	
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) <i>Chronic Myocarditis</i>		<i>5 years</i>
	DUE TO (c) <i>Quercus Anasarca</i>		<i>1 year</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4222</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.)
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20c. TIME OF INJURY Hour 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
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21. I attended the deceased from _____ to <i>Nov. 16, 1958</i> and last saw him alive on <i>Nov 16, 1958</i> Death occurred at <i>1 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Carter N. Guter M.D.</i>	22b. ADDRESS <i>Butler, Mo.</i>	22c. DATE SIGNED <i>11/17/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>11-18-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Robinson Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Rich Hill, Mo.</i>
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24. FUNERAL DIRECTOR <i>Paker-Underwood</i>	ADDRESS <i>Butler Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>NOV-18-1958</i>	26. REGISTRAR'S SIGNATURE <i>Kendall Kury</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 23 1959

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 *Robert J. Steinbock*

Licensed Embalmer No. *4657*

P. O. Address *Bethesda, Md*

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.