

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000804

STATE FILE NUMBER

8  
FILED JAN 14 1959

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 7

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Holcomb</b> <i>1359</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D. C. Mem. Hosp.</b>		Length of stay in lb <b>2 Wks</b>	d. STREET ADDRESS (If outside, give location) <b>City</b>
3. NAME OF DECEASED (Type or print) First <b>EARL</b> Middle <b>ROBINSON</b> Last <b>ROBINSON</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>2,</b> Year <b>1959</b>
5. SEX <b>Male</b>	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>July 5, 1897</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>61</b>
11. BIRTHPLACE (City and state or country) <b>Holcomb, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Robinson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ellen Bodine</b>	14. NAME OF HUSBAND OR WIFE <b>Minnie Robinson</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>490-18-2118</b>	17. INFORMANT Address <b>Louis Davis, Holcomb, 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>Severe A.O. hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>General Arteriosclerosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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 _____ 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 <b>October 1958</b> to <b>Jan 2, 1959</b> and last saw him alive on <b>Jan 2, 1959</b> Death occurred at <b>3:00 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Sepp Simon</b> (Degree or title)		22b. ADDRESS <b>210 Calvary St - Kennett Mo</b>	22c. DATE SIGNED <b>1/6/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 4, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lloyd Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Holcomb, Missouri Rte 1</b>
24. FUNERAL DIRECTOR <b>Landess Funeral Home, Campbell, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Jan 8-1959</b>	26. REGISTRAR'S SIGNATURE <b>Paul Husband</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 *Christina M. Lander*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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