

Health, & Welfare
S. Public
th Service

Dr. James Stephens
211 W 20th St Joplin

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-029513

STATE FILE NUMBER

FILED VS SEP 9 1959
Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 421

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Charoix</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Baxter Springs</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2516 Willard</u>		Length of stay in 1b <u>1 wk</u>	d. STREET ADDRESS (If outside, give location) <u>Merry Sales Hotel</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Leel Oliver Robinson</u>		4. DATE OF DEATH Month Day Year <u>Aug 26 - 59</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Oct 14 - 1901</u>
9. AGE (In years) <u>57</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life or last of retired) <u>Retired man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lead & zinc mines</u>	11. BIRTHPLACE (City and state or country) <u>Carthage Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>N. O Robinson</u>	
13b. MOTHER'S MAIDEN NAME <u>Mamma F. Severe</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year & dates of service)		16. SOCIAL SECURITY NO. <u>509-09-2344</u>	17. INFORMANT <u>C. A. Severe</u> Address <u>Rt 2 Sabna Kans.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 Min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis with Myocardial Infarction</u>			<u>2 Hours</u>
DUE TO (c) <u>Arteriosclerosis</u>			<u>Unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <u>None</u> <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 <u>8-26-59</u> to <u>8-26-59 3:30 a.m.</u> and last saw <u>him</u> alive on <u>Never</u> Death occurred at <u>8-26-59 3:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. E. Stephens</u> D.O.		22b. ADDRESS <u>211 West 20th St., Joplin, Missouri</u>	22c. DATE SIGNED <u>8-28-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8-26-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Howell Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Howell Kans.</u>
24. FUNERAL DIRECTOR <u>Wene Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>9-3-1959</u>	26. REGISTRAR'S SIGNATURE <u>Doro Merriam</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 Wene Funeral Home, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed J. Lance Wene

Licensed Embalmer No. 2580

P. O. Address Boxer Springs
Fla.

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.