

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049364

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 91

FILED JAN 2 1962

VS 300 Rev. 4/59	DATE AMENDED
11100	
20944	
3	
4 0	
5 1	
6	
7 0	
8 2	
94201	
10	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
11	
12 91-0	
13 1-0	
	INSTEAD OF
	MEDICAL CERTIFICATION
	SHOULD READ
	USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Concord Township</u>		c. CITY OR TOWN <u>Bonne Terre</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>48 Church St</u>	
3. NAME OF DECEASED (Type or print) First <u>Edmond</u> Middle <u>Earl</u> Last <u>Robinson</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>14</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-7-1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Prudential Ins</u>	11. BIRTHPLACE (City and state or country) <u>Washington County US</u>
13a. FATHER'S NAME <u>William Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Compton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>Yes WW I</u>		17. INFORMANT <u>W.E. Robinson, 48 Church St Mo.</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 coronary artery thrombosis - few min</u> DUE TO (b) <u>Coronary artery sclerosis - 10 years</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 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 <u>12-12-52</u> to <u>12-13-62</u> and last saw him alive on <u>12-13-62</u> Death occurred at <u>3:30</u> Pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (In free or title) <u>Marvin J. Haw, J. M.D.</u>		22b. ADDRESS <u>Bonne Terre, Mo</u>	
22c. DATE SIGNED <u>12/18/62</u>		22d. LOCATION (City, town, or county) <u>Bonne Terre, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 16, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Francois Mem Pk</u>	
24. FUNERAL DIRECTOR <u>C. Z. Boyer & Son, Inc. Bonne Terre, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12/21/62</u>	
24. ADDRESS		26. REGISTRAR'S SIGNATURE <u>Arden K. ...</u>	

JAN 18 1963

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

Burlin T. Boyer, Jr.

Licensed Embalmer No. 5117

P.O. Address

Bonne Terre, 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.