

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE DEAD  
**FILED AUG 21 1946** STANDARD CERTIFICATE OF DEATH

26630

State File No. \_\_\_\_\_

Registration District No. 25

Primary Registration District No. 4135

Registrar's No. 62

1. PLACE OF DEATH

(a) County Clinton  
(b) City or town Lathrop, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton 25  
(c) City or town Lathrop 2  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES OLIVER ROBISON

3. (b) If veteran; name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex M.O 5. Color or face W  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Robison 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased 8 26 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 11 17 hr. min.

9. Birthplace Clinton Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name John Robison

13. Birthplace Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Zeckle

15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant O.M. Robison

(b) Address Lathrop, Mo

17. (a) Burial (b) Date thereof 8/14/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prairie Ridge

18. (a) Signature of funeral director Wm. Willie James

(b) Address Lathrop, Mo

19. (a) Aug 14 1946 (b) Wm. Willie James  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 year 1946 hour 5 minute 59 M.

I hereby certify that I attended the deceased from Aug-1 to Aug-12, 1946  
that I last saw him alive on Aug-12, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach Duration 2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 55

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature L. Longfield M. D. Date signed 8/16/46  
Address Lathrop, Mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

025

25475

411

NOV 19 1959

DISTRICT HEALTH OFFICE  
Cameron, Mo.

*Heaven Eng. Corp.  
K.C.  
Missouri*

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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Lee M. ...*

Licensed Embalmer No. *2535*

P. O. Address *Throp. 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 this body is not embalmed, fact should be so stated above.