No. 300
10-48

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31538

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 330

90
6
6

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: St Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Liberty Twp.
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knob Lick R.R.1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Liberty Township
d. STREET ADDRESS (If rural, give location): Knob Lick R.R.1

3. NAME OF DECEASED (Type or Print)
a. (First): Luther
b. (Middle): (n)
c. (Last): Robinson

4. DATE OF DEATH (Month) (Day) (Year): Sept 12 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 12, 1877
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 6, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Automobile Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): St Jacobs, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Luther Robinson
13b. MOTHER'S MAIDEN NAME: Alice Audell
14. NAME OF HUSBAND OR WIFE: Belle Ostle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Belle Robinson, Knob Lick, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Intracranial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis general
DUE TO (c): 331X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: aortic & mitral regurgitation

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-10, 1949, *to* 9-12, 1949, *that I last saw the deceased alive on* 9-11, 1949, *and that death occurred at* 9:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H O Gaube M D
23b. ADDRESS: Desloge Mo
23c. DATE SIGNED: 9-14-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 15, 1949
24c. NAME OF CEMETERY OR CREMATORY: Odd Fellows Cem.
24d. LOCATION (City, town, or county) (State): St Francois Co. Missouri

DATE REC'D BY LOCAL REG.: Sept. 17, 1949
REGISTRAR'S SIGNATURE: Esther Rudloff 289
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Miller Funeral Home, Farmington Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-19-49

District Health Officer No. 4

File Number 949-121

Date Filed

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 —
Student Embalmer

Signed Paul K Dugal

Licensed Embalmer No. 420

P. O. Address Farmington 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.