

FILED DEC 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36981**
Registrar's No. **1023-A**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5465**

1. PLACE OF DEATH a. COUNTY GREEN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREEN	
b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD RURAL		c. CITY (If outside corporate limits, write RURAL and give township) ROGERSVILLE RURAL	
c. LENGTH OF STAY (In this place) 1 WEEK		d. STREET ADDRESS (If rural, give location) ROUTE	
d. FULL NAME OF HOSPITAL OR INSTITUTION GREENE COUNTY HOME			

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) LEO c. (Last) ROBISON			4. DATE OF DEATH (Month) (Day) (Year) Nov. 22 1949		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Nov. 15, 1916		9. AGE (In years last birthday) 33		10. IF UNDER 1 YEAR Days 0 IF UNDER 1 WEEK Hours Min. 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Mechanic		11. BIRTHPLACE (State or foreign country) DOUGLAS Co., MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Lee O. Robison		13b. MOTHER'S MAIDEN NAME Bessie Norris		14. NAME OF DECEASED WIFE THELMA ROBISON	
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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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS UNKNOWN Elden Robison Box 478 Kimswick, Mo.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis of Lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tuberculosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH NO2X	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **11-14**, 19**49**, to **11-22**, 19**49**, that I last saw the deceased alive on **11-19**, 19**49**, and that death occurred at **9-9** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. J. Kelly MD		23b. ADDRESS Springfield Mo		23c. DATE SIGNED 11-25-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov. 25-49		24c. NAME OF CEMETERY OR CREMATORY Watts Cemetery		24d. LOCATION (City, town, or county) (State) Rogersville, Rural, Missouri	
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DATE REC'D BY LOCAL REG. 12-3-49		REGISTRAR'S SIGNATURE W. J. Kelly MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kelley-Ferrell Bergman, Rogersville Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

39
0
0

JAN 27 1950

JAN 11 1950

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.

Signed K. K. Kelley

Signed _____
Student Embalmer

Licensed Embalmer No. 3334

P. O. Address Fordland, Me.

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.