

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. *Jefferson* 17852
State File No. _____

FILED MAY 18 1950

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 117

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Ripley</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u> | |
| b. CITY OR TOWN <u>Doniphan</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan</u> <u>0911</u> | |
| c. LENGTH OF STAY (in this place) <u>20 years</u> | | d. STREET ADDRESS (If rural, give location) <u>103 W. Jefferson</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>103 W. Jefferson</u> | | d. STREET ADDRESS <u>103 W. Jefferson</u> | |

| | | | | | |
|--|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>CANADA</u> c. (Last) <u>ROBINETT</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-19-1950</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>1-10-1866</u> | 9. AGE (In years last birthday) <u>84</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>9</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber worker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Timber-retiree</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

| | | | | | |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Henry Robinett</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha Hallaway</u> | | 14. NAME OF HUSBAND OR WIFE <u>Fannie Dorothy Robinett</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FANNIE BLANKS - Poplar Bluff, Mo</u> | |

| | | | |
|---|--|--|--|
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3-7-80</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| | | |
|---|--|---|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 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) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |

22. I hereby certify that I attended the deceased from 3-1-50 to 3-19, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:35 AM, from the causes and on the date stated above.

| | | | | | |
|--|--|--|--|---|--|
| 23a. SIGNATURE <u>[Signature]</u> (Date or title) _____ | | 23b. ADDRESS <u>Doniphan Mo</u> | | 23c. DATE SIGNED <u>4-10-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3/20/1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Doniphan Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] S. W. Edwards Doniphan, Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>4-10-50</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | | |

RECEIVED 5-8-50
District Health Officer No. 5,
District File Number 550281
Date Filed 5-10-50

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 Carl B. Bird

Signed.....
Student Embalmer

Licensed Embalmer No. 4306

P. O. Address Doniphan, 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.