

FILED MAR 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 0490

0600  
1

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5212 Registrar's No. 5-1

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Rural Richwood Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RI. Rural Jasper Twp</u>	
c. LENGTH OF STAY (in this place) <u>6 mo</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles North Carl Jct.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi W of Rocky Comfort</u>			
3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>L.</u> c. (Last) <u>ROBISON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-12-1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-24-1867</u>
9. AGE (In years last birthday) <u>83</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Millman</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>mining</u>		
13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Schoepesko</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Robison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs H L Moore (Daw)</u> ADDRESS <u>Rocky Comfort</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> ANTECEDENT CAUSES Morbid 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. <u>Senility without Dementia</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		21. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 <u>Dec 20, 1950</u> to <u>Feb 12, 1951</u> , that I last saw the deceased alive on <u>Feb 4, 1951</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James L. Lohme</u>		23b. ADDRESS <u>Do. Jewville, Mo</u>	23c. DATE SIGNED <u>2/13/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2-14-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carl Jct Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carl Junction Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb. 16, 1951</u>	REGISTRAR'S SIGNATURE <u>O. E. Chandler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Don Roney</u> ADDRESS <u>Carl Jct Mo</u>	

DEPARTMENT OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED FEB 19 1951

Dist. File 251-400

Date Filed 2-19-51

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Jack C. Simpson*

Signed.....

Student Embalmer

Licensed Embalmer No. 4427

P. O. Address Webb City, 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.