S. No. 300
v. 10.48

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19260

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 28

1100
1

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

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) X ~~Old Mines~~ Rural-Union
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Old Mines

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~Old Mines~~ Rural-Union 1100
d. STREET ADDRESS (If rural, give location) Old Mines

3. NAME OF DECEASED (Type or Print)
a. (First) Paul
b. (Middle) Benjamin
c. (Last) Robart

4. DATE OF DEATH (Month) (Day) (Year) MAY 9 1951

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH 12-9-1866
9. AGE (In years last birthday) 04 | IF UNDER 1 YEAR Months 5 Days 0 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) miner
10b. KIND OF BUSINESS OR INDUSTRY Tiff. Mines
11. BIRTHPLACE (State or foreign country) Old Mines. Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Paul Robart
13b. MOTHER'S MAIDEN NAME Celest Coleman
14. NAME OF HUSBAND OR WIFE Dora Robart. deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Joseph Robart Rocola City. Mo ADDRESS

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) Pneumonia Lobar

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 490 X
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* 6/1 1950 *to* 5/9, 1951, *that I last saw the deceased alive on* 5/5, 1951, *and that death occurred at* 8 A *m., from the causes and on the date stated above.*

23a. SIGNATURE G. F. Cresswell MD (Degree or title) 0
23b. ADDRESS Potosi, Mo.
23c. DATE SIGNED 5/10/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 5-11-1951
24c. NAME OF CEMETERY OR CREMATORY St Joachims Cemetery
24d. LOCATION (City, town, or county) Old Mines. Mo (State)

DATE REC'D BY LOCAL REG. 5/10/51
REGISTRAR'S SIGNATURE Helen Kendall 463
25. FUNERAL DIRECTOR'S SIGNATURE Boyer Funeral Home Potosi. Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 16 1951
WASH. COUNTY HEALTH DEPT.
File No. 551-100

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.....
Student Embalmer

Signed Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi 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.