

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36649**

FILED DEC 3 1951

BIRTH NO. _____ REG. DIST. NO. **60** PRIMARY REG. DIST. NO. **4106** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerico Spgs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerico Spgs. Mo	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0200	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) B c. (Last) ROBINSON	4. DATE OF DEATH (Month) (Day) (Year) 18 8-1951
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-17-1876	9. AGE (In years last birthday) Months Days Hours Mins. 75 2 21
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Hulland, Mo	12. CITIZEN OF WHAT COUNTRY? U
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13a. FATHER'S NAME David Robinson	13b. MOTHER'S MAIDEN NAME Lattie Bartlow	14. NAME OF HUSBAND OR WIFE Mary A. Robinson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary A. Robinson, Jerico Spgs.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Intestine		
	PRECEDENT 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. 152X			

19a. DATE OF OPERATION 10-50	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Intestine	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 **8-**, 19**50**, to **11-8**, 19**51**, that I last saw the deceased alive on **11-10**, 19**51**, and that death occurred at **9:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. B. Bannister M.D.	23b. ADDRESS Jerico Spgs. Mo	23c. DATE SIGNED 11-11-51
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11-11-1951	24c. NAME OF CEMETERY OR CREMATORY St. James	24d. LOCATION (City, town, or county) (State) 2 mi. N. Milford, Mo
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DATE REC'D BY LOCAL REG. 11-15-51	REGISTRAR'S SIGNATURE Mrs. Velma Ellis	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mr. P. Long, Jerico Spgs. Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 30 1951

Dist. File 110-1-2099

Date Filed 11-30-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Mr. P. Long

Licensed Embalmer No. 3714

P. O. Address Jerico Spg.

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.