

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38517

State File No.

FILED DEC 11 1951

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6032 Registrar's No. 243

910
1

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>MO.</u> b. COUNTY <u>RIPLEY</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-DONIPHAN</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-DONIPHAN</u> | |
| c. LENGTH OF STAY (in this place) <u>6 WIFE</u> | | d. STREET ADDRESS (If rural, give location) <u>DONIPHAN, MO. Rt #2</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME-DONIPHAN Rt #2</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>BOBBY</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>ROBISON</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 25, 1951</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NO</u> | 8. DATE OF BIRTH <u>OCT. 21, 1949</u> |
| 9. AGE (In years last birthday) <u>2</u> | IF UNDER 1 YEAR Months <u>1</u> | IF UNDER 1 YEAR Days <u>4</u> | IF UNDER 1 YEAR Hours <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u></u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u></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>unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>DOROTHY ROBISON</u> | 14. NAME OF HUSBAND OR WIFE <u>✓ NONE</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>✓</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ben Robison Doniphan, Mo.</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to crisp</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | <u>E9100</u> <u>14</u> | |
| 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 <u>091</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ripley MO</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 25 1951 4a.m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Home burned</u> | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>William M. Cosner</u> (Degree or title) | | 23b. ADDRESS <u>Doniphan Mo</u> | 23c. DATE SIGNED <u>11-25-51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-27-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Doniphan</u> | 24d. LOCATION (City, town, or county) (State) <u>Doniphan, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>12-7-51</u> | REGISTRAR'S SIGNATURE <u>E. D. Johnston</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. W. Edwards Doniphan, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

DEC 10 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

Licensed Embalmer No.....

P. O. Address.....

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.