

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38589**

FILED DEC 15 1951

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 393

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Francois	
b. CITY (If outside corporate limits, write RURAL and give township) Farmington		c. CITY (If outside corporate limits, write RURAL and give township) Farmington	
c. LENGTH OF STAY (in this place) 65 yrs		d. STREET ADDRESS (If rural, give location) 419 W. Columbia	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 419 W. Columbia			

3. NAME OF DECEASED (Type or Print)	a. (First) Bradbury	b. (Middle) Johnathan	c. (Last) Robinson	4. DATE OF DEATH (Month) (Day) (Year) Dec 2 1951
-------------------------------------	-------------------------------	---------------------------------	------------------------------	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec 18, 1866	9. AGE (In years last birthday) (Months) (Days) 84 11 15	IF UNDER 1 YEAR Hours Min.	IF UNDER 1 HR. Hours Min.
-----------------------	----------------------------------	--	---	--	---------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician	10b. KIND OF BUSINESS OR INDUSTRY M.D.	11. BIRTHPLACE (State or foreign country) Potosi, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	--

13a. FATHER'S NAME John Towle Robinson	13b. MOTHER'S MAIDEN NAME Effie Little	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Naomi Robinson, Farmington, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days 4 days
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right sided lobar pneumonia	DUE TO (b) Atelectasis	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
11. 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 checked="" 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) 490X
--	--	--

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 Nov. 16, 1951, to Dec. 2, 1951, that I last saw the deceased alive on Dec. 2, 1951, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) 0	23b. ADDRESS Farmington, Mo	23c. DATE SIGNED 12/3/51
--------------------------------------	-------------------------------	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/4/51	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Farmington, Mo
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. Dec 4, 1951	REGISTRAR'S SIGNATURE [Signature]	FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Miller Funeral Home Farmington, Mo
--	---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

APR 30 1952

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 8 1951

RECEIVED

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 _____

Paul K. Dwyer

Signed.....
Student Embalmer

Licensed Embalmer No. 4120

P. O. Address Farmington, N.H.

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.