

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27516**
Registrar's No. **73**

FILED SEP 15 1952

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **4138**

250

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

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY CLINTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LATHROP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LATHROP	
c. LENGTH OF STAY (In this place) 8 yr		d. STREET ADDRESS (If rural, give location) 9200	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) JANEZ	b. (Middle)	c. (Last) ROBISON	4. DATE OF DEATH (Month) (Day) (Year) Sept. 9-1952
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Oct-14-1876	9. AGE (In years last birthday) 75	10. MONTH 10	11. DAY 25	12. CITIZENSHIP OF WHAT COUNTRY U.S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ray County Mo		12. CITIZENSHIP OF WHAT COUNTRY U.S.	

13a. FATHER'S NAME Jesse Pollard	13b. MOTHER'S MAIDEN NAME Martha Langston	14. NAME OF HUSBAND OR WIFE Chas. O. Robison (Deceased)
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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 Oral M. Robison, Lathrop Mo.	ADDRESS Lathrop Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thromboses		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	Asorbid 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 Hypertension		
Conditions contributing to the death but not related to the disease or condition causing death			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **1-30-1952** to **9-9-1952**, that I last saw the deceased alive on **9-7-1952** and that death occurred at **4:15 a.m.** from the causes and on the date stated above.

23a. SIGNATURE A. L. Onofield, M.D.	23b. ADDRESS Lathrop Mo.	23c. DATE SIGNED 9/11/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-10-52	24c. NAME OF CEMETERY OR CREMATORY Prairie Ridge Cem.	24d. LOCATION (City, town, or county) (State) Polo Mo.
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DATE REC'D BY LOCAL REG. 9-12-52	REGISTRAR'S SIGNATURE Wm. Fred W. Moser	25. FUNERAL DIRECTOR'S SIGNATURE Benjamin Crunk	ADDRESS Cameron Mo.
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1930
JAN 10 1931

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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Kathio, 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.