

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

State File No. **45248**

S. No. 300
v. 10-48

FILED MAR 18 1953

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **100**

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

1. PLACE OF DEATH a. COUNTY Marion. b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal, Missouri. c. LENGTH OF STAY (in this place) 5 Days d. FULL NAME OF HOSPITAL OR INSTITUTION St Elizabeth Hospital		2. USUAL RESIDENCE: (Where deceased lived, if institution; residence before admission). a. STATE Missouri. b. COUNTY Ralls. c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Saltriver Township). d. STREET ADDRESS (If rural, give location) Perry, Missouri. R.F.D. 1	
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3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) Eugene c. (Last) Robinson			4. DATE OF DEATH (Month) (Day) (Year) July, 21, 1952		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH 1942 Sep, 21, 1952	9. AGE (In years) (Months) (Days) 10 10 0	10. UNDER 1 YEAR 0	11. UNDER 1 HR. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY School.	11. BIRTHPLACE (State or foreign country) Ralls County, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Melvin Robinson	13b. MOTHER'S MAIDEN NAME Margaret Woodhurst	14. NAME OF HUSBAND OR WIFE Mrs Melvin Robinson Perry, Mo.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Melvin Robinson Perry, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Viral Pneumonia ANTECEDENT CAUSES Enccephalitis Forbid 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.	INTERVAL BETWEEN ONSET AND DEATH 7 days 7 days
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 082x	20. AUTOPSY? YES <input checked="" 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)
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?

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 **2:20A on _____, from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) Russell B. Jordan, M.D.	23b. ADDRESS Hannibal, Missouri.	23c. DATE SIGNED 7-23-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-23-52	24c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Center, Mo.
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DATE REC'D BY LOCAL REG. 7-10-53	REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. Fisher	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clyde L. Weary Perry, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 16 1953
MARION CO. HEALTH DEPT.
DATE FILED MAR 16 1953

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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.