

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13281

State File No.

FILED MAY 11 1953

BIRTH NO.		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>5122</u>		Registrar's No. <u>137</u>			
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>		c. LENGTH OF STAY (in this place) Years <u>100</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>		d. STREET ADDRESS (If rural, give location) <u>Six miles South of Centralia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Six miles South of Centralia</u>				d. STREET ADDRESS (If rural, give location) <u>Six miles South of Centralia</u>					
3. NAME OF DECEASED (Type or Print) <u>William Leslie Robinson</u>		a. (First)		b. (Middle)		c. (Last)			
4. DATE OF DEATH <u>May 1, 1953</u>		4. DATE (Month) <u>May</u>		4. DATE (Day) <u>1</u>		4. DATE (Year) <u>1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 18, 1876</u>			
9. AGE (in years last birthday) <u>76</u>		10. MONTH <u>11</u>		10. DAY <u>13</u>		10. HOUR <u>13</u> MIN. <u>00</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Centralia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>William P. Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Ann Turner</u>		14. NAME OF HUSBAND OR WIFE <u>Erma Frances Robinson</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Leslie Robinson</u> ADDRESS <u>Centralia, Mo</u>					
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute heart failure</u>				DUPLICATE OF (a) <u>Chronic myocarditis.</u>				<u>1 hour</u>	
ANTECEDENT CAUSES				DUE TO (b) <u>Chronic myocarditis.</u>				Unknown	
DUE TO (c) <u>Arteriosclerosis</u>								Unknown	
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		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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>March 14, 1952</u> , to <u>May 1, 1953</u> , that I last saw the deceased alive on <u>August 16, 1952</u> , and that death occurred at <u>1:15 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. LaChance, M.D.</u> (Degree or title)				23b. ADDRESS <u>110 W. Sneed, Centralia, Mo.</u>		23c. DATE SIGNED <u>5/4/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 3, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery, Centralia, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>May 7 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		SUPERVISOR'S SIGNATURE <u>Bill J. Mesner</u>		ADDRESS <u>Centralia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 19 1958

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 *Bill J. Madar*

Licensed Embalmer No. *4876*

P. O. Address *Centuria, Miss*

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.