.300
.48
00
1

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 4 - 1953

State File No. 23910

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 5116 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Bourbon
c. LENGTH OF STAY (in this place): 59 Yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. 2. Sturgeon Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Bourbon 0100 0
d. STREET ADDRESS (If rural, give location): R.F.D. 2, Sturgeon, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Abb
b. (Middle): —
c. (Last): Robinson

4. DATE OF DEATH (Month) (Day) (Year): July 30 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 12, 1894
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 3, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Billy Robinson
13b. MOTHER'S MAIDEN NAME: Betty Gibson
14. NAME OF HUSBAND OR WIFE: Widowed

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.: 491-36-7131
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: William Robinson Sturgeon Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of Liver — INTERVAL BETWEEN ONSET AND DEATH: 10-Weeks

ANTECEDENT CAUSES
Morbid 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. ✓

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 1561
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 25 1953 *to* July 30 1953 *that I last saw the deceased alive on* July 29 1953, *and that death occurred at* 10-15 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A R McCormas MD
23b. ADDRESS: Sturgeon Mo
23c. DATE SIGNED: 7-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 1, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mt. Horeb
24d. LOCATION (City, town, or county) (State): Sturgeon, Boone, Mo.

DATE REC'D BY LOCAL REG.: July 31-1953
REGISTRAR'S SIGNATURE: Maud McBride 30 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Bill J. Meador Sturgeon Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 5

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. Bill G Meador

Signed.....
Student Embalmer

Licensed Embalmer No. 4876

P. O. Address Sturgis Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.