No. 300
10-48

FILED NOV 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34498

BIRTH NO. _____ REG. DIST. NO. 392 PRIMARY REG. DIST. NO. 4276 Registrar's No. 15

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

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pierce City Mo
c. LENGTH OF STAY (in this place) 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Lawrence
c. CITY OR TOWN Pierce City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location)
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3. NAME OF DECEASED (Type or Print) a. (First) LESLIE b. (Middle) JOHN c. (Last) ROBINSON

4. DATE OF DEATH (Month) (Day) (Year) Nov. 8 - 1954

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 19, 1897
9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months 10 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Caruthersville Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Robinson
13b. MOTHER'S MAIDEN NAME Not Known
14. NAME OF HUSBAND OR WIFE Cecil Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War #1
16. SOCIAL SECURITY NO. 494-05-9323
17. INFORMANT'S SIGNATURE OR NAME Cecil Robinson ADDRESS Pierce City 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) Accident - crushed chest by

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) tractor overturning on body

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

E9121
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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 503 Myrtle St.
21c. (CITY, TOWN, OR TOWNSHIP) Pierce City (COUNTY) Lawrence 055 (STATE) Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 - 8 - 1954 4:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Overturned Tractor

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on 11-8, 1954, and that death occurred at 4:30 P.m., from the causes and on the date stated above.*

23a. SIGNATURE H D Fossett Coroner of Lawrence Co. (Degree or title)
23b. ADDRESS Mt Vernon Mo
23c. DATE SIGNED 11-8-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-10-54
24c. NAME OF CEMETERY OR CREMATORY City Cemetery
24d. LOCATION (City, town, or county) Pierce City (State) Mo.

DATE REC'D BY LOCAL REG. 11-10-54
REGISTRAR'S SIGNATURE John S Dofris
25. FUNERAL DIRECTOR'S SIGNATURE Wilks Bros ADDRESS Pierce City Mo

457-0 (Licensed Embalmer's Statement on Reverse Side)

NOV 16 1958

JAN 10 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ Edwin Wilke, Student Embalmer No.

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Edwin Wilke

Licensed Embalmer No. 41.3

P. O. Address Pierce City

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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