

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

34648

State File No. ....

**FILED NOV 1 - 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 211 PRIMARY REG.-DIST. NO. 4324 Registrar's No. 29-54

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Miller</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tuscumbia</u>		c. CITY OR TOWN <u>Brumley</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphreys Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>8660</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Elmer</u> b. (Middle) <u>Avril</u> c. (Last) <u>Robinett</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Oct. 19, 1954</u>		
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	
<b>8. DATE OF BIRTH</b> <u>Jan. 19, 1889</u>		<b>9. AGE</b> (In years last birthday) <u>65</u>		If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 HRS. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Miller Co. Mo.</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>					

<b>13a. FATHER'S NAME</b> <u>Samuel Robinett</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Margaret White</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Celia Francis Robinett</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <u>486121490</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Nolan Leslie Robinett</u>	
				<b>ADDRESS</b> <u>Brumley, Mo.</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		DUE TO (b) <u>Hypertension and arteriosclerosis</u>		<u>32 hours &amp; 35 minutes.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from** October 17, 1954, to October 19, 1954, that I last saw the deceased alive on October 19, 1954, and that death occurred at 6:35 a.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>L. S. Humphreys, D.O.</u>		<b>23b. ADDRESS</b> <u>Tuscumbia, Missouri</u>		<b>23c. DATE SIGNED</b> <u>Oct. 22, 1954</u>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>10/21/54</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Robinett</u>	
				<b>24d. LOCATION (City, town, or county) (State)</b> <u>Brumley, Mo.</u>	

<b>DATE REC'D BY LOCAL REG.</b> <u>Oct. 23-1954</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Mrs. Richard L. Wright</u>		<b>25. FUNERAL HOME'S SIGNATURE</b> <u>Hedges Funeral Homes Inc</u>	
				<b>ADDRESS</b> <u>Iberia, Mo.</u>	

No. 300  
10.48  
660  
0  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....  
Signature of Student Embalmer

Signed..... *Walter P. Hedge*

Licensed Embalmer No. *456*

P. O. Address *Peru, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.