

FILED NOV 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39841

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 110 Thompson St		d. STREET ADDRESS (If rural, give location) 110 Thompson Street	

3. NAME OF DECEASED (Type or Print) a. (First) Colombus b. (Middle) XXXXXX c. (Last) Robinson			4. DATE OF DEATH (Month) (Day) (Year) Oct, 31 1954		
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct, 10, 1863	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 0	IF UNDER 12 HOURS Days 20	IF UNDER 1 MIN. Hours 0	IF UNDER 1 MIN. Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Labor		10b. KIND OF BUSINESS OR INDUSTRY 0		11. BIRTHPLACE (State or foreign country) Bardville, Kentucky		12. CITIZENSHIP OF WHAT COUNTRY? U, S, A	
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13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME unk		14. NAME OF HUSBAND OR WIFE unk			
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robb Robinson Bardville, Ky,			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic Cardiovascular disease ANTECEDENT CAUSES Senility Morbidity 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	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from **Sept 9, 1954** to **Sept 9, 1954**, that I last saw the deceased alive on **Sept 9, 1954**, and that death occurred at **11 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Elder Sarant MD		23b. ADDRESS Sikeston Mo		23c. DATE SIGNED 11-2-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 11-7-54		24c. NAME OF CEMETERY OR CREMATORY Smith West End Court West of Sikeston, Mo		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 11-10-54		REGISTRAR'S SIGNATURE Mrs. Cella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred J. Smith 1212 Main St.	
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(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED NOV 15 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1154-230

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

Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, Mo.

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.