

FILED AUG 2 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. **22627**

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3127** Registrar's No. **108**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
d. CITY (If outside corporate limits, write RURAL and give township) Webb City		c. CITY OR TOWN Carterville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
e. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital		STREET ADDRESS (If rural, give location) 317 N. Fountain St.	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) David c. (Last) Robinson			4. DATE OF DEATH (Month) (Day) (Year) July 26, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 11, 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired employee of Santa Fe Railroad Co.		10b. KIND OF BUSINESS OR INDUSTRY Santa Fe Railroad Co.	11. BIRTHPLACE (City and State or Foreign Country) West Fork, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alexander C. Robinson		13b. MOTHER'S MAIDEN NAME Martha		14. NAME OF HUSBAND OR WIFE Frances Robinson	
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances Robinson 317 N. Fountain St. Carterville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decompensation DUE TO (c) Carcinoma of the Pancreas		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis			

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 **6-15-55**, 19**55**, to **7-26-**, 19**55**, that I last saw the deceased alive on **7-26-**, 19**55**, and that death occurred at **10:15 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. W. [Signature]		23b. ADDRESS Webb City, Mo.		23c. DATE SIGNED 7-26-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 7-27-55		24c. NAME OF CEMETERY OR CREMATORY Green Wood Cemetery		24d. LOCATION (City, town, or county) (State) San Diego, California	
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DATE REC'D BY LOCAL REG. 7-26-55		REGISTRAR'S SIGNATURE Mrs. Madeline [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce-Simpson Webb City, Mo Mortuary	
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(Licensed Embalmer's Statement on Reverse Side)

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

Jasper County Health Officer
County File Number 05-7-512
Date Filed AUG 1 1955

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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 *Harvey E. Amice*

Licensed Embalmer No. *446*
P. O. Address *Webb City*

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.