No. 300
10-48

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33867

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5618 Registrar's No. 61

0520

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Knox
b. COUNTY
c. CITY OR TOWN Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) SAME 0520

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) BENJIMAN c. (Last) ROBINSON

4. DATE OF DEATH (Month) Oct (Day) 13 (Year) 1955

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH NOV. 20, 1888
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months 10 Days 23 — IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME WILLIAM ROBINSON
13b. MOTHER'S MAIDEN NAME EMMA KOONTZ
14. NAME OF HUSBAND OR WIFE IVA ROBINSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-42-1745
17. INFORMANT'S SIGNATURE OR NAME Mrs Harry Robinson ADDRESS Baring 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Disease — 2 years.
DUE TO (c) 4201

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
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* Nov. 13, 1958 *to* Oct 13, 1955, *that I last saw the deceased alive on* Oct 13, 1955, *and that death occurred at* 6:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE E. E. Gilfillan (Degree or title) MO
23b. ADDRESS Memphis, Mo
23c. DATE SIGNED 10-15-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 10-15-1955
24c. NAME OF CEMETERY OR CREMATORY GREENSBURG
24d. LOCATION (City, town, or county) GREENSBURG (State) Mo

DATE REC'D BY LOCAL REG. Oct 19 55
REGISTRAR'S SIGNATURE Nelle S. Hunolt 151
25. FUNERAL DIRECTOR'S SIGNATURE R. W. Payne Sons ADDRESS MEMPHIS Mo

(Licensed Embalmer's Statement on Reverse Side)

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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Neal Payne

Licensed Embalmer No. 255

P. O. Address Memphis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.