

FILED OCT 24 1955 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34022**

BIRTH NO. _____		REG. DIST. NO. 199		PRIMARY REG. DIST. NO. 4313		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Macon					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmer		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmer		0610 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) _____			c. (Last) Robinson			
4. DATE OF DEATH (Month) (Day) (Year) October 14 1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH December 27 1863		9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months 9 Days 17		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Macon County Missouri			
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Hiram Robinson		13b. MOTHER'S MAIDEN NAME Elizabeth Payton		14. NAME OF HUSBAND OR WIFE Icy V. Robinson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Gertrude Wigal		ADDRESS Elmer 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis				INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4500					
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 <input type="checkbox"/> NO <input 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 Jan 1915 , to Oct 14, 1955 , that I last saw the deceased alive on Oct 14, 1955 , and that death occurred at 2:20 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Dated or filed) Harold Decker				23b. ADDRESS La Plata Mo.		23c. DATE SIGNED 10/14/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 16 1955		24c. NAME OF CEMETERY OR CREMATORY Elmer		24d. LOCATION (City, town, or county) (State) Elmer Macon County Mo			
DATE RECD BY LOCAL REG. 10/20/55		REGISTRAR'S SIGNATURE Daphne Howerton		25. FUNERAL DIRECTOR'S SIGNATURE W.H. McCollum		ADDRESS South Gifford Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

102

RECEIVED 10.20.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 10.55.173
Date Filed 10.21.55

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.

Signed.....

Clyde M. Collins

Licensed Embalmer No. 3226.....

Signed.....
Student Embalmer

P. O. Address South Gifford 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.