

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35476**

No. 300  
10-48

FILED NOV 10 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2487**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Texas</b>		b. COUNTY <b>Hansford</b>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <b>Richmond Heights</b>		c. CITY OR TOWN <b>Morse</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>12 days</b>		e. STREET ADDRESS (If rural, give location) <b>Box 33, Morse, Texas</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>					

3. NAME OF DECEASED (Type or Print)	a. (First) <b>REBECCA</b>	b. (Middle) <b>LEE</b>	c. (Last) <b>ROBINSON</b>	4. DATE OF DEATH	(Month) <b>Oct.</b>	(Day) <b>27,</b>	(Year) <b>1955</b>
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5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Sept. 10, 1955</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 24 HRS. Days <b>17</b>	IF UNDER 1 HRS. Hours <b></b>	IF UNDER 15 MIN. Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None (infant)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Borger, Texas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Edward Wayne Robinson</b>	13b. MOTHER'S MAIDEN NAME <b>Hazel Florene Dillow</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edward W. Robinson</b>	ADDRESS <b>Box 33, Morse, Texas</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>4 wks.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coarctation Aorta</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>High Ventricular Septal defect 4 wks.</b>		
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. <b>Unrealized of Pulmonary pneumonia 2 wks.</b>			

19a. DATE OF OPERATION <b>10/27</b>	19b. MAJOR FINDINGS OF OPERATION <b>Coarctation Aorta -</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **10-21, 1955**, to **10-27 1955**, that I last saw the deceased alive on **10/27, 1955**, and that death occurred at **2:15 P.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph P. Rucinski M.D.</b>	(Degree or title)	23b. ADDRESS <b>634 N. Grand</b>	23c. DATE SIGNED <b>10/28/55</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>Removal Auto</b>	24b. DATE <b>Oct 28, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hansford Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Spearman, Texas</b>
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DATE REC'D BY LOCAL REG. <b>10-28-55</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dombro MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Alexander &amp; Sons, Inc.</b>	ADDRESS <b>6175 Delmar Blvd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Joseph L. Lucido  
St. Mary's Hospital  
Friday 8 to 8:30 Am

JAN 23 1959

**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.....  
*Joseph E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6155 Pelham*

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.