

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1831

State File No.

FILED JAN 25 1956

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa</u>		c. LENGTH OF STAY (in this place) <u>40 Yrs</u>	c. CITY OR TOWN <u>Odessa</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0540</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joseph</u>	b. (Middle) <u>S.</u>	c. (Last) <u>Robinette</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 19, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 25, 1871</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Lafayette Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME <u>Joseph Robinette</u>	13b. MOTHER'S MAIDEN NAME <u>Polly Hampton</u>	14. NAME OF HUSBAND OR WIFE <u>Gertrude Robinette</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Young or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>487-128360</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Russell Robinette</u> ADDRESS <u>Odessa, Mo.</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>48 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c)		<u>7 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331x</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Oct 15, 1955, to Jan 19, 1956, that I last saw the deceased alive on Jan 19, 1956, and that death occurred at 8:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Slaughter DO</u> (Degree or title)	23b. ADDRESS <u>Odessa, Mo</u>	23c. DATE SIGNED <u>1-21-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 21, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odessa Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Odessa, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/21/56</u>	REGISTRAR'S SIGNATURE <u>Emma Davidson</u> <u>453</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Husman Sparks</u> ADDRESS <u>Odessa, Mo.</u>
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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 embalmed by me, or by Student Embalmer No. working under my personal supervision.:

Student
Signature of Student Embalmer

Signed *William T. Sparks*

Licensed Embalmer No. *44*

P. O. Address *Odesa*

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.