

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 9 1956

BIRTH NO. _____ REG. DIST. NO. 1301 PRIMARY REG. DIST. NO. 6032 Registrar's No. 603

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Doniphan</u>		c. CITY OR TOWN <u>Rural</u>	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) <u>years</u>		e. STREET ADDRESS (If rural, give location) <u>5 miles N^o of Doniphan, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles N. of Doniphan</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>ROBINSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16, 1956</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>March 20, 1892</u>
9. AGE (In years last birthday) <u>63</u>	10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u>	9. AGE (In years last birthday) <u>63</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Oregon Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John W. Robinson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Keller</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>496-18-6353</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Grady Robinson</u> ADDRESS <u>Madison, Ill.</u>	
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) <u>Crowning Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			
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 <u>1-10</u> , 19 <u>55</u> to <u>2-16</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb 1</u> , 19 <u>56</u> and that death occurred at <u>2 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. W. Fort</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Doniphan Mo</u>	23c. DATE SIGNED <u>2-25-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2/18/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plunk Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ripley Co., Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-25-56</u>	REGISTRAR'S SIGNATURE <u>C. W. Fort</u> <u>277-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwards Funeral Home</u> ADDRESS <u>Doniphan, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING 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 *Gene Harrent*.....

Licensed Embalmer No. *482*

P. O. Address *Doniphan*

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.