

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12710

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>74</u>		PRIMARY REG. DIST. NO. <u>5296</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>			
b. CITY OR TOWN <u>GRAYSON</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>GRAYSON</u>		d. STREET ADDRESS (If rural, give location) <u>0250</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harden Trp -</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HATHY</u>			b. (Middle) <u>Ruth</u>		c. (Last) <u>ROBINSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MARCH 8 1953</u>		9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lester L Robinson</u>			13b. MOTHER'S MAIDEN NAME <u>Goldie GRANT</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lester Robinson GRAYSON MO.</u> ADDRESS <u></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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tracheial obstruction</u>						INTERVAL BETWEEN ONSET AND DEATH: <u>5 minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unconsciousness</u> DUE TO (c) <u>probably cerebral concussion</u>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>From a fall.</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>9020</u>				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) <u>025</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 2 1956</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall from chair & concrete floor</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. R. Templeman, D.D., Coroner Clinton County</u>				23b. ADDRESS <u>Cameron mo</u>		23c. DATE SIGNED <u>4-2-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Apr-4-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plattsburg Ceme-</u>		24d. LOCATION (City, town, or county) (State) <u>Plattsburg - MO -</u>		
DATE REC'D BY LOCAL REG. <u>Apr 9 - 56</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Seaver</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. N. Lyon Plattsburg, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

410

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

Phillips E. Cox

Student Embalmer No.

528

working under my personal supervision

Student

Phillips E. Cox
Student Embalmer

Signed

Daniel D. Lyon

Licensed Embalmer No.

3640

P. O. Address

Plattsburg, Mo.

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 this body is not embalmed, fact should be so stated above.