

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17472

State File No. ....

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

300  
48

FILED JUN 13 1956

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <b>StFrancois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b> <u>1941</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bonne Terre</b>		c. CITY OR TOWN <b>Bonne Terre</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>0</u>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BonneTerre Mo.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Samuel</b>	b. (Middle) <b>Couples</b>	c. (Last) <b>Robinson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 1 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept 2. 1880</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR (Month) (Days) <b>8 29</b>	IF UNDER 4 HRS. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <b>Diamond Driller</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Licking Mo. Dent Co.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Monroe Alexander M Robinson</b>	13b. MOTHER'S MAIDEN NAME <b>Josephene Sloan.</b>	14. NAME OF HUSBAND OR WIFE <b>Sallie McSpaden.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bertis Robinson</b>	ADDRESS <b>214 Johnson</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION <b>Bonne Terre, Mo.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 mos.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adenocarcinoma of pancreas</b>			
ANTECEDENT CAUSES	DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS	<b>Benign prostatic hypertrophy</b>		<b>6 mos.</b>

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)
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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 type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 12/3/55, 1955, to 6/1/56, 1956, that I last saw the deceased alive on 6/1/56, 1956, and that death occurred at 10:49 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>John M. Fullen MD</i>	23b. ADDRESS <b>Bonne Terre, Mo.</b>	23c. DATE SIGNED <b>6/2/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 13, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>StFrancois Memo Park</b>	24d. LOCATION (City, town, or county) (State) <b>BonneTerre Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-2-56</b>	REGISTRAR'S SIGNATURE <i>Catherine Rudolph</i>	25. FEDERAL DIRECTOR'S SIGNATURE <i>Buerst</i>	ADDRESS <b>Bonne Terre, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Ewert Sparks*

Licensed Embalmer No. *42*

P. O. Address *Bonnet*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.