

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

356

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>St. Joseph</u> TOWN		c. CITY OR TOWN <u>St. Joseph</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Methodist Hosp.</u>		d. STREET ADDRESS <u>St. Francis Hotel</u>	
Length of stay in lb <u>30 yrs.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Emmitt</u> Middle <u>Lane</u> Last <u>Robison</u>			4. DATE OF DEATH <u>Jan. 15, 1957</u> Month <u>Jan.</u> Day <u>15</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 22, 1867</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR OF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Methodist Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Theological</u>	11. BIRTHPLACE (City and state or country) <u>Kingston, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Samuel D. Robison</u>			14. MOTHER'S MAIDEN NAME <u>Mary Lane McCoy</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 <u>Merrill Robison (son) Kansas City, Mo.</u> Address			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Prostate Gland, Metastases to Lungs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>177X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>Feb - 1954</u> to <u>Jan - 15 - 57</u> and last saw <u>her</u> alive on <u>Jan - 15 - 57</u> Death occurred at <u>9:25</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>T. R. Hovarden M.D.</u> (Degree or title)			22b. ADDRESS <u>419 North Central Blvd. City</u>		22c. DATE SIGNED <u>1-16-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 17, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maitland Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Maitland, Missouri</u>		
24. FUNERAL DIRECTOR <u>Meierhoffer-Fleeman Inc. St. Joseph, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Jan 18, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Loechen M. Allison</u>		

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

JAN 20 1961

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 *Robert P. Anderson*

Licensed Embalmer No. 323

P. O. Address *St. Joseph*

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