

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3905

FILED FEB 19 1957

STATE FILE NUMBER

Registration District No. 46 Primary Registration District No. 5156 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rockford Township</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY-OR TOWN <u>0130</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Denzil Allen Robison</u> <i>First Middle Last</i>			4. DATE OF DEATH <u>2-7-1957</u> <i>Month Day Year</i>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 21-1931</u>	9. AGE (In years last birthday) <u>25</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS.:	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>		11. BIRTHPLACE (City and state or country) <u>Missouri, Caldwell Co</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Lawrence Robison</u>		
14. MOTHER'S MAIDEN NAME <u>Susie Gentry</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		
16. SOCIAL SECURITY NO. <u>488-36-8553</u>			17. INFORMANT <u>Mrs. Charlene Robison, Polo, Mo.</u> <i>Address</i>		

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>Gunshot Wound of Head.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ <u>9191</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>43</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <u>Shotgun wound of head, discharged climbing thru fence.</u>	
20c. TIME OF INJURY <u>5 a. m.</u> <u>2/7/1957</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Marble Twp., Caldwell, Mo.</u> <i>COUNTY 013 STATE</i>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at about <u>3 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Geneb. Michael, Coroner</u> (Degree or title) <u>3rd (Caldwell County)</u>		22b. ADDRESS <u>Braysner, Mo.</u>	
22c. DATE SIGNED <u>2/7/1957</u>		22d. CITY, TOWN, OR COUNTY (State) _____	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>2-10-1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Prarie Ridge Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Caldwell County, Mo</u>	
24. FUNERAL DIRECTOR <u>Cramer Clark, Kingston, Mo.</u> <i>ADDRESS</i>		25. DATE RECD. BY LOCAL REG. <u>2-14-57</u>	
		26. REGISTRAR'S SIGNATURE <u>Glady's Jones</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service  
300 1-56  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
37-0

7-13  
6113  
8/6/1957

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 *Cramer Clark*

Licensed Embalmer No. *32*

P. O. Address *Kingston*

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.