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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 8 - 1957

STATE FILE NUMBER **2731**
348

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **348**

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		0117 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp			Length of stay in 1b 55 yrs.	d. STREET (If outside, give location) ADDRESS 2327 Angeline St.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First Jesse		Middle Howard		Last Robinson- Sr.		Month Mar. Day 27 Year 1957		
5. SEX 2 Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 12, 1882		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Train Porter - Ret.		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or county) Ralls County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William H. Robinson				14. MOTHER'S MAIDEN NAME Elizabeth (Not Known)				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, no., or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 707-07-4203		17. INFORMANT Address St. Joseph, Mo Mrs. Ollie M. Robinson-2327 Angeline				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia terminal Hypertensive cardiovascular renal disease & decompensation DUE TO (b) Arteriosclerosis general DUE TO (c) Arteriosclerosis general PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 2 dg ? ?	
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.) Patient Fell at home -> Subcapital Fracture to right hip. Was weakened from stroke several months previous					
20c. TIME OF INJURY Hour 3-5-57 a. m. 3-5-57 p. m. 3-5-57			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION St Joseph Buchanan Mo	
21. I attended the deceased from 10-1-56 to 3-27-57 and last saw ^{her} him alive on 3-27-57 Death occurred at 7:10 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Wm. B. Roach (Deputy or title)				22b. ADDRESS 316 No. 10th St Joseph Mo		22c. DATE SIGNED 3-27-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE April 1, 1957	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri			
24. FUNERAL DIRECTOR ADDRESS Wm. H. Alexander, St. Joseph, Mo				25. DATE RECD. BY LOCAL REG. March 28, 1957		26. REGISTRAR'S SIGNATURE Ethel M. Allison		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Causes of death not mentioned in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Wm. H. Alexander*

Licensed Embalmer No. *44*

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.