

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 16 1957

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 94

|   |                                  |  |   |  |   |
|---|----------------------------------|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Callaway</u>  |                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Fulton</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY<br>OR<br>TOWN <u>Mineola</u>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>State Hosp. #1</u>   |                                  | Length of stay in lb<br><u>7 days</u>  | d. STREET ADDRESS<br>(If outside, give location)  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                        |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Guy</u> Middle <u>A.</u> Last <u>Robinson</u>  |                                  |  | 4. DATE OF DEATH<br>Month <u>4</u> Day <u>12</u> Year <u>1957</u>   |  |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Aug. 7, 1874</u>   | 9. AGE (In years last birthday)<br><u>82</u>         | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Virginia</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |
| 13. FATHER'S NAME<br><u>Elijah Allen Robinson</u>   |                                  |  | 14. MOTHER'S MAIDEN NAME<br><u>Alice Johnson</u>  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Unk.</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>Unk.</u>   | 17. INFORMANT<br>Address<br><u>State Hospital #1; Fulton, Missouri</u>  |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Fractured left hip</u>                                  |                                  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                                  |  |   |  |   |
| DUE TO (b) <u>Generalized Arteriosclerosis</u>  |                                  |  |   |  |   |
| DUE TO (c) _____  |                                  |  |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____   |                                  |  |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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<br>Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____   |                                  | <u>137</u>   |   |  |   |
| 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.)  |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE            |   |
| <u>State Hosp. #1</u>   |                                  | <u>State Hosp. #1</u>  |   | <u>Montgomery</u> <u>MO</u>                          |   |
| 21. Attended the deceased from <u>4-5-1957</u> to <u>4-12-1957</u><br>Death occurred at <u>6:45 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |  |   |  |   |
| 22a. SIGNATURE<br><u>R.C. Robinson M.D.</u>   |                                  |  | 22b. ADDRESS<br><u>State Hospital #1; Fulton, Mo.</u>   |  | 22c. DATE SIGNED<br><u>4-12-57</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   |                                  | 23b. DATE<br><u>4-14-57</u>  | 23c. NAME OF CEMETERY OR CREMATORIAL HOME<br><u>BRYANT CEMETERY</u>   |  | 23d. LOCATION (City, town, or county) (State)<br><u>NEAR MINEOLA MO</u>                           |
| 24. FUNERAL DIRECTOR<br><u>Chapman</u>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>April 13-1957</u>   |   | 26. REGISTRAR'S SIGNATURE<br><u>Maretha Lawrence</u> |   |

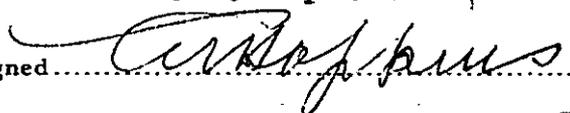
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300 1-56 2  
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.

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, ~~Scary~~ on the 12 th day of April 1957....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

C. W. Hopkins  
  
Signed.....

Licensed Embalmer No. 1487.  
Montgomery City Mo  
P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above. 6-11-57