

Health, Welfare
Public
Service

300
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All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STANDARD CERTIFICATE OF DEATH

16565
STATE FILE NUMBER

FILED JUN 6 1957

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 187

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|---|--------------------------------------|---|--|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>COLE</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>WILMAN</u> | | 0660 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u> | | | Length of stay in lb <u>1 WEEK</u> | d. STREET ADDRESS (If outside, give location) <u>GLAIZE TOWNSHIP</u> | | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>FRED</u> Middle <u>MURL</u> Last <u>ROBINSON</u> | | | | 4. DATE OF DEATH Month <u>MAY</u> Day <u>27</u> Year <u>1957</u> | | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>CAUCASIAN</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 8. DATE OF BIRTH <u>AUG. 23, 1893</u> | 9. AGE (In years last birthday) <u>63</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> | IF UNDER 21 HRS. Hours <u>0</u> Min. <u>0</u> | 100. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | | 11. BIRTHPLACE (City and state or country) <u>WILMAN, MO.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13. FATHER'S NAME <u>Philip Robinson</u> | | | | 14. MOTHER'S MAIDEN NAME <u>ELLA Boltz</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>UNKNOWN</u> | | 17. INFORMANT <u>Mrs. F.M. Robinson</u> | | Address <u>WILMAN, MO.</u> | |
| 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>multiple myeloma</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>203x</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 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 _____ 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>2/13/57</u> to <u>5/27/57</u> and last saw her alive on <u>5/27/57</u> Death occurred at <u>3:55 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>H. J. ...</u> | | | | 22b. ADDRESS <u>Jefferson City, Mo</u> | | 22c. DATE SIGNED <u>5/31/57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>MAY 30, 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Boltz</u> | | 23d. LOCATION (City, town, or county) <u>WILMAN, Missouri</u> | | (State) |
| 24. FUNERAL DIRECTOR <u>Louis A. Phillips</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>June 1957</u> | | 26. REGISTRAR'S SIGNATURE <u>R. P. Harris, MD-MR</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

19-0

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 *Louis D. Phillips*.....

Licensed Embalmer No. *366*

P. O. Address *Wells*

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.