

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32820**

FILED SEP 24 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **256** PRIMARY REG. DIST. NO. **4388** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY <b>Osage</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Chamois</b>		c. CITY OR TOWN <b>Chamois</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>5 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>076<sup>th</sup></b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Letcher</b>	b. (Middle) <b>LEWANTY</b>	c. (Last) <b>ROBINSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 19 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Oct 8 1889</b>	9. AGE (In years last birthday) <b>67</b>	If UNDER 1 YEAR: Months <b>11</b> Days <b>11</b>	If UNDER 4 HRS: Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming retired</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City, and State or Foreign Country) <b>Chamois Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>George Robinson</b>	13b. MOTHER'S MAIDEN NAME <b>Mollie Coffelt</b>	14. NAME OF HUSBAND OR WIFE <b>Martha Johns</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Paul Robinson</b> ADDRESS <b>St Louis</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>14 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Coronary Sclerosis</b>		<b>10 yrs.</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Obesity.</b>		<b>20 to 30 yrs.</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>no</b>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7:45 AM**, 1957, to **9:10 AM**, 1957, that I last saw the deceased alive on **9-18-1957**, and that death occurred at **6:50 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>F. B. Farnsworth D.O.</b>	23b. ADDRESS <b>Chamois Mo</b>	23c. DATE SIGNED <b>9-20-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 22 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shelley</b>	24d. LOCATION (City, town, or county) (State) <b>Mint Hill Mo</b>
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DATE REC'D BY LOCAL REG <b>Sept 21, 1957</b>	REGISTRAR'S SIGNATURE <b>Josephine Schieder</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clyde Mosler</b> ADDRESS <b>Lynn Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEC 11 1957  
OCT 21 1957

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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..... *Vernon M. M...*

Licensed Embalmer No. .... *410*

P. O. Address..... *Lin...*

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.