

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34522
STATE FILE NUMBER

FILED OCT 14 1957

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Saline</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sweet Springs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sweet Springs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>306 S. Miller</u>		Length of stay in 1b	d. STREET ADDRESS <u>306 S. Miller</u> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Washington</u> Last <u>Robinson</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>11</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"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 4 1902</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drug Store Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Drug</u>	11. BIRTHPLACE (City and state or county) <u>Camegow, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>George Robinson</u>			14. MOTHER'S MAIDEN NAME <u>Mary Sears</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-36-5357</u>	17. INFORMANT <u>Elsie Robinson, Sweet Springs, Mo.</u> Address		
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>Coronary accident</u> DUE TO (b) <u>Don't know</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>immediate</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 _____ Month _____ Day _____ Year _____ 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>10-11-1957</u> to <u>10-11-1957</u> and last saw <u>him</u> on <u>10-11-1957</u> . Death occurred at <u>6:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. H. Hale</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Sweet Springs Mo</u>	22c. DATE SIGNED <u>10-11-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 13, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Allen Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Crowder, Missouri</u>		
24. FUNERAL DIRECTOR <u>Lyon Funeral Home</u> ADDRESS <u>Plattsburg, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 11, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mary Massey</u>		

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 18 1957

OCT 22 1957

OCT 23 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 *Reiley S. Loaf*

Licensed Embalmer No. *494*

P. O. Address *Staten Island*

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.