

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36650

STATE FILE NUMBER

FILED NOV 1 1957

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 423

1. PLACE OF DEATH a. COUNTY MARION			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HAMILIA		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bowling Green		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Brecky Thatche Murray			d. STREET ADDRESS (If outside, give location) Reside on Farm		
3. NAME OF DECEASED (Type or print) HERRING ROBERT ROBINSON			4. DATE OF DEATH Oct. 20 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 20 1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 7 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sharning		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Pike Co. Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME JOSEPH R ROBINSON			14. MOTHER'S MAIDEN NAME Betty Worthington		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 492-42-5335	17. INFORMANT Joe H Robinson Bowling Green Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arterio sclerotic heart disease DUE TO (b) Generalized atherosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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
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.) 4200		
20c. TIME OF INJURY Hour. Month, Day, Year a. m. p. m.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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		STATE
21. I attended the deceased from Jan 57 to Oct 20-57 and last saw him alive on Oct 18-57 Death occurred at 4:15 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature] (Degree or title)			22b. ADDRESS Hamilton Mo		22c. DATE SIGNED 10-23-57
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Oct 22 1957	23c. NAME OF CEMETERY OR CREMATORIUM Artioch		23d. LOCATION (City, town, or county) (State) PIKE CO. MO.
24. FUNERAL DIRECTOR Grace Bankhead Bowling Green Mo		25. DATE RECD. BY LOCAL REG. 10-29-57		26. REGISTRAR'S SIGNATURE M. E. M. Luce Oct 29 1957	

RECEIVED OCT 30 1957
MARION CO. HEALTH DEPT.,
DATE FILED OCT 30 1957

NOV 4 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 *Harold Kink*.....

Licensed Embalmer No. *452*

P. O. Address *Ban*

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.