

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004321  
STATE FILE NUMBER

FILED JAN 23 1959 Registration District No. 379 Primary Registration District No. 445-53 Registrar's No. 5

300  
-57

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>WRIGHT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MANSFIELD</b>		c. CITY OR TOWN <b>CEDAR GAP</b> 1140	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MANSFIELD HOSP'</b>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <b>8 DAYS</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>WILLIAM ERNEST ROBINSON</b>			4. DATE OF DEATH Month Day Year <b>1-13-59</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT. 18, 1894</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COLLECTION AGENCY</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>WRIGHT Co. MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOHN ROBINSON</b>	13b. MOTHER'S MAIDEN NAME <b>MARGARET CONNEVNY</b>	14. NAME OF HUSBAND OR WIFE <b>GLADYS ROBINSON</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>497-01-4401</b>	17. INFORMANT <b>Mr. Gladys Robinson Cedar Gap, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>about 2 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Annular Carcinoma of the Sigmoid</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) <b>1533</b>	

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 <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
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21. I attended the deceased from **1-5-59** to **1-13-59** and last saw her alive on **1-13-59**  
Death occurred at **7:25 a.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Newton D. Neufeld</b> Newton D. Neufeld, D. O. 2	22b. ADDRESS <b>Mansfield, Mo.</b>	22c. DATE SIGNED <b>1-16-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>1-17-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BEYMOUR MASONIC CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>WEBSTER Co. MO.</b>
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24. FUNERAL DIRECTOR <b>Robert Bergman</b>	ADDRESS <b>Bergman, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1-17-59</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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FEB 11 1959

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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 *Max L Miller* .....

Licensed Embalmer No. *4720* .....

P. O. Address *Mansfield* .....

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.