

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013915

STATE FILE NUMBER

FILED APR 21 1959 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lebanon 0530 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dilworth Road		Length of stay in lb 14 Yrs.	d. STREET ADDRESS (If outside, give location) Dilworth Road Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SAMUEL Middle FOSTER Last ROBINSON			4. DATE OF DEATH Month April Day 10 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 24, 1873
9a. AGE (In years last birthday) 85		9b. IF UNDER 1 YEAR Months 0 Days 0	9c. IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Laclede County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Samuel H. Robinson	
13b. MOTHER'S MAIDEN NAME Mary Daniels		14. NAME OF HUSBAND OR WIFE Laura Robinson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 499-44-3550	17. INFORMANT Address Mrs. Laura Robinson, Lebanon, 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) Chronic myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic heart dis. DUE TO (c) 4200 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute urinary retention; cystitis from catheter			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs " "
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 3:00 A. Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION Lebanon		20f. COUNTY STATE Mo.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION	
20f. COUNTY STATE		20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 9-12-56 to 4-10-59 and last saw her alive on 4-9-59 Death occurred at 3:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) B B Hurst, M.D.	
22b. ADDRESS Lebanon, Mo.		22c. DATE SIGNED 4-11-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/12/59	23c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery	23d. LOCATION (City, town, or county) (State) Lebanon, Mo.
24. FUNERAL DIRECTOR A R Palmer Lebanon Mo.		25. DATE RECD. BY LOCAL REG. 4-12-1959	26. REGISTRAR'S SIGNATURE Hella L. Hays

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

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 *Stanley R Palmer*

Licensed Embalmer No. *4810*

P. O. Address *Lehman*

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.