

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-033071**

**FILED VS SEP 24 1959**

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 287

UNRECORDED

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		Length of stay in 1b	c. CITY OR TOWN <b>Hannibal</b>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Levering Hosp</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>242 Virginal</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Thomas</b> Middle <b>Charles</b> Last <b>Robinson</b>	4. DATE OF DEATH Month <b>Sept</b> Day <b>13</b> Year <b>59</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</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>7-21-84</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>21</b>	IF UNDER 24 HR 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>Owner Robinson P &amp; H Co</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Plumbing &amp; Heating Hannibal Mo</b>	11. BIRTHPLACE (City and state or country) <b>Hannibal Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Thomas Robinson</b>	13b. MOTHER'S MAIDEN NAME <b>Isabelle Ayers</b>	14. NAME OF HUSBAND OR WIFE <b>Essie 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>486-38-6878</b>	17. INFORMANT Address <b>Mrs Essie Robinson Hannibal 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:		INTERVAL BETWEEN ONSET AND DEATH <b>3</b>
IMMEDIATE CAUSE (a) <i>Cardiac insufficiency</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Rheumatic heart disease</i>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. if deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b>	Month, Day, Year <b></b>
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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 <b>Hannibal</b>	COUNTY <b>Marion</b>	STATE <b>Missouri</b>
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21. I attended the deceased from <b>1 Sept 1959</b> to <b>13 Sept 1959</b> and last saw her/him alive on <b>13 Sept 1959</b> Death occurred at <b>4:00PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Wyneth Hamlin M.D.</i>	22b. ADDRESS <i>Hannibal Mo.</i>	22c. DATE SIGNED <b>9/18/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-15-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Hannibal Marion Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Smith's Funeral Home Hannibal Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9/19/59</b>	26. REGISTRAR'S SIGNATURE <i>W E M Lucke By H C Fisher</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*John S. Hand*

Licensed Embalmer No. 4540

P. O. Address Hammlet

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.