

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

**-61-042142**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. --- Registrar's No. 424

AMENDED

**FILED DEC 12 1961**

DATE AMENDED

INSTEAD OF

SHOULD READ

THEIR NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Farmington - RURAL</u> Length of stay in 1b <u>2 wks.</u>		c. CITY OR TOWN <u>Leadwood</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>Mineral Area Osteopathic Hospital</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>301 North St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Joseph Franklin Robinson</u>			4. DATE OF DEATH Month Day Year <u>Dec. 5, 1961</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</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>4-2-1885</u>
9. AGE (last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mill Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joe Lead Co.</u>	11. BIRTHPLACE (City and state or country) <u>Poplar Bluff, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert Robinson</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Greenia</u>
14. NAME OF HUSBAND OR WIFE <u>Lydia Robinson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. INFORMANT <u>Mrs. Ola Mae Davis, Leadwood, Mo.</u>		17. 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>Congestive Circulatory Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
DUE TO (b) <u>Decompensated Heart Disease</u>			Years
DUE TO (c) <u>Arteriosclerosis</u>			Years
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
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>November 15, 1961</u> to <u>December 5, 1961</u> and last saw <u>him</u> live on <u>December 5, 1961</u> Death occurred at <u>2:40 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) <u>M. M. Beck D.O.</u>		22b. ADDRESS <u>Bismarck, Missouri</u>	22c. DATE SIGNED <u>12-7-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 8, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Leadwood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Leadwood, Missouri</u>
24. FUNERAL DIRECTOR <u>Bert L. Boyer, Leadwood, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Dec. 6, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Gethers Rudloff</u>

1934  
MAY 31 1934

STATE OF MISSOURI  
DEPARTMENT OF HEALTH

**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 Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood mo

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.