S. No. 2
M—5-42
5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33063

State File No.

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Butler Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three weeks (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Rural Summit Twp
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dotia Robinson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 17, 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Nelson (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name C. G. Cook
13. Birthplace no record (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mildred Cook
15. Birthplace Saline Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Rube Taylor
(b) Address Butler, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15/45 (Month) (Day) (Year)
(c) Place: burial or cremation Oakhill

18. (a) Signature of funeral director Culver-Underwood
(b) Address Butler Missouri

19. (a) Oct 15, 1945 (Date received local registrar) (b) Pauline Crumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12[illegible]
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from June 15, 1944, to Oct 12, 1944, that I last saw her alive on Oct 12, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Chronic Myocarditis

Due to Diabetes Mellitus

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? — (e) Means of injury —

23. Signature Louis A. Lush Jr. (M. D. ~~or other~~)

Address Butler, Mo. Date signed 10/15/45

(Licensed Embalmer's Statement on Reverse Side)

1306

RECEIVED
D[illegible] Officer No. 7
Dist[illegible] 10-45-1054
Date Filed 11-7-45

NOV 9 1945

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler, 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 this body is not embalmed, fact should be so stated above.