

FILED MAR 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5823

State File No.

 BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6062 Registrar's No. 6

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chariton Twp.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsville rural Chariton Twp.</u> | |
| c. LENGTH OF STAY (in this place) <u>3 weeks</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North of Thomas Hill</u> | | | |

| | | | | |
|-------------------------------------|---------------------------|------------------------|---------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Georgie</u> | b. (Middle) <u>Ann</u> | c. (Last) <u>Robinson</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>Feb. 25, 1949</u> |

| | | | | | | | |
|----------------------|-------------------------------|---|-----------------------------------|---|------------------------|----------------------|-----------------------|
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>4/12/1897</u> | 9. AGE (in years last birthday) <u>51</u> | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Hours | IF UNDER 15 MIN. Min. |
|----------------------|-------------------------------|---|-----------------------------------|---|------------------------|----------------------|-----------------------|

| | | | |
|--|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Chariton County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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|--------------------------------------|--|---|
| 13a. FATHER'S NAME <u>Tobe Hayes</u> | 13b. MOTHER'S MAIDEN NAME <u>Ida Houston</u> | 14. NAME OF HUSBAND OR WIFE <u>Roosevelt Robinson</u> |
|--------------------------------------|--|---|

| | | | |
|---|---|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruby Davis; Clifton Hill, Mo.</u> | ADDRESS |
|---|---|---|---------|

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> <u>5 yrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

| | | |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|---|

| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

| | | |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from June 1, 1944, to Feb 25, 1949, that I last saw the deceased alive on Feb 25, 1949, and that death occurred at 4 p. m., from the causes and on the date stated above.

| | | |
|--|-----------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>W. Dreyer MD</u> | 23b. ADDRESS <u>Huntsville Mo</u> | 23c. DATE SIGNED <u>2/28/49</u> |
|--|-----------------------------------|---------------------------------|

| | | | |
|---|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb. 28, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u> |
|---|--------------------------------|---|---|

| | | | |
|--|--|---|---------------------------|
| DATE REC'D BY LOCAL REG. <u>3-5-1949</u> | REGISTRAR'S SIGNATURE <u>Mrs. B. A. Barnhart</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Patton</u> | ADDRESS <u>Huntsville</u> |
|--|--|---|---------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

289

MO

RECEIVED

District Health Officer No. 10

District File Number 3-49-4

Date Filed MAR 8 1949

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
Student Embalmer

Signed Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Md

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.