No. 300
10.48

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

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7108

BIRTH NO. _____ REG. DIST. NO. 335 PRIMARY REG. DIST. NO. 4492 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oran
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dr. J. C. Burt's Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oran
d. STREET ADDRESS (If rural, give location): n.

100 4 0

3. NAME OF DECEASED (Type or Print)
a. (First): Nora
b. (Middle): Eleise
c. (Last): Robinson

4. DATE OF DEATH (Month) (Day) (Year): February 17 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 16 1911
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months: 11 Days: 1 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jonesboro, Ill.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: A. J. Robinson
13b. MOTHER'S MAIDEN NAME: Anna E. Smith
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Louis Robinson — **ADDRESS**: Oran, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decreased pulmonary Capacity and cardiac hypertrophy. — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Extreme Scoliosis from attack of infantile paralysis ages mo. — 37 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* paralysis of respiratory muscles — 36 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 11343
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7/14, 1948, *to* 2/17, 1949, *that I last saw the deceased alive on* 2/17, 1949, *and that death occurred at* 6:55a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dr. Jacques C. Burt (Degree or title) D.O.
23b. ADDRESS: Burt Clinic, Oran, Mo.
23c. DATE SIGNED: 3/1/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 20 1949
24c. NAME OF CEMETERY OR CREMATORY: Friend Cemetery
24d. LOCATION (City, town, or county) (State): Oran, Scott Co. Mo.

DATE REC'D BY LOCAL REG.: 3/3/49
REGISTRAR'S SIGNATURE: H B MacCrady 298
25. FUNERAL DIRECTOR'S SIGNATURE: Earl J. Smith — **ADDRESS**: Oran, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 349-3
Date Filed 3-16

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 Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Orem, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.