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

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9463

BIRTH NO. 8849-16955 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 73

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
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): City Hospital #20

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
d. STREET ADDRESS (If rural, give location): 524 No. Lamine

3. NAME OF DECEASED (Type or Print): a. (First) UAINITA b. (Middle) JEAN c. (Last) ROBINSON

4. DATE OF DEATH: (Month) 2 (Day) 28 (Year) 1949

5. SEX: F **6. COLOR OR RACE**: N **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Baby

8. DATE OF BIRTH: 2-27-1949

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 1 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Sedalia Pettis Co Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: —

13b. MOTHER'S MAIDEN NAME: Alice Robinson

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Wilma Stewart 524 N. Lamine

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) prolonged Labor — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Uterine inertia

DUE TO (c) /

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Not 10

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

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* 2-27-, 1949, *to* 2-28-, 1949, *that I last saw the deceased alive on* 2-27-, 1949, *and that death occurred at* 5:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A.R. Maddox M.D.

23b. ADDRESS: Sedalia, Mo. 116½ W. Main

23c. DATE SIGNED: 2-28-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-28-49

24c. NAME OF CEMETERY OR CREMATORY: Glenwood

24d. LOCATION (City, town, or county) (State): Sedalia Pettis Mo

DATE REC'D BY LOCAL REG.: 2-28-1949

REGISTRAR'S SIGNATURE: Betty Yeager Deputy 251

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: L. D. Ferguson Sedalia Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 3-6-5-49

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 F. O. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.