

No. 300  
10.48

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18915

21

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>5254</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u> <u>Triplet Twp.</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Triplet Rural</u> c. LENGTH OF STAY (in this place) <u>1</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u> <u>71</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline, rural</u> d. STREET ADDRESS (If rural, give location) <u>near Westville, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rebecca</u> b. (Middle) <u>Susan</u> c. (Last) <u>Robinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 19, 1949</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>November 26, 1870.</u> 78 <u>6</u> <u>23</u>	
9. AGE (In years last birthday)		10. 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 Co., Mo.</u>	
10a. USUAL OCCUPATION		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13a. FATHER'S NAME <u>Robert Fox</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Locke</u>		14. NAME OF HUSBAND OR WIFE <u>Robert 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. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fannie Virts Triplet, Mo</u> ADDRESS _____			
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) <u>Carcinoma of Esophagus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1.50X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) (Min.) _____		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 <u>May 21, 1949</u> , to <u>June 18, 1949</u> , that I last saw the deceased alive on <u>June 18, 1949</u> , and that death occurred at <u>1:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Street</u> (Degree or title) _____				23b. ADDRESS <u>Brunswick, Mo.</u>		23c. DATE SIGNED <u>6/21/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 21, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Locke Cemetry</u>		24d. LOCATION (City, town, or county) (State) <u>Near Mike, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 21 49</u>		REGISTRAR'S SIGNATURE <u>Mildred Bone</u> <u>56</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Whanglin</u>		ADDRESS <u>Marceline, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 7  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 7-7-49

JAN 12 1955

**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 Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline, 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.