S. No. 300
V. 10.48

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

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40067

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 385

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin

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

3. NAME OF DECEASED (Type or Print): a. (First) Addie b. (Middle) (Adeline) c. (Last) Robinson
4. DATE OF DEATH (Month) (Day) (Year): Dec 30-49
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept 14-1869
9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scotland Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Marion Howard
13b. MOTHER'S MAIDEN NAME: Mary Ann Pryor
14. NAME OF HUSBAND OR WIFE: Samuel D. Robinson
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.: No
17. INFORMANT'S SIGNATURE OR NAME: E. H. Robinson ADDRESS: Memphis Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant multilocular pseudo-mucinous cystadenoma of left ovary with widespread metastasis. — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) _____ — 175X

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Marked ascites due extension to liver

19a. DATE OF OPERATION: 12-21-49
19b. MAJOR FINDINGS OF OPERATION: Multiple malignant nodules throughout abdomen, left oophorectomy 8x6x4
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* 12-19-49 *19*, *to* 12-30-49 *19*, *that I last saw the deceased alive on* 12-30-49 *19*, *and that death occurred at* 6:40 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Carl Laughlin (Degree or title) D.O.
23b. ADDRESS: Kirksville Mo
23c. DATE SIGNED: 1-2-50
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 1-50
24c. NAME OF CEMETERY OR CREMATORY: Little Zion
24d. LOCATION (City, town, or county) (State): Scotland Co. Mo

DATE REC'D BY LOCAL REG.: 1-3-50
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: Forth T. Beckett ADDRESS: Memphis

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1950

RECEIVED
District Health Officer No. 10
District File Number 1-50-59
Date Filed JAN 9 1950

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 Fred Gerth

Licensed Embalmer No. 4258

P. O. Address .....

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.