

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14170

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 4435 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Ralls,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Perry, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Perry, Missouri.</u> <u>6870</u>	
c. LENGTH OF STAY (In this place) <u>10 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Perry, Missouri.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nannie</u>		b. (Middle) <u>N.</u>		c. (Last) <u>Robison.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April, 20, 1950.</u>	
---	--	-----------------------	--	---------------------------	--	---	--

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 2, 1870</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u>		IF UNDER 18 Hrs. <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>				11. BIRTHPLACE (State or foreign country) <u>Ralls County, Mo.</u> <u>0</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Arthur Quinn</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Yowell</u>			14. NAME OF HUSBAND OR WIFE <u>W.A. Robison.</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>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Robison.</u> ADDRESS <u>Palmyra, Mo.</u>		

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of lungs</u>						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) <u>operated, but return of trouble.</u>							
		DUE TO (c) <u>trouble.</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>991</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 4-1, 1950, to 4-20, 1950, that I last saw the deceased alive on April 20, 1950, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. E. Suter, M.D.</u>		23b. ADDRESS <u>Perry, Missouri.</u>		23c. DATE SIGNED <u>8-21-1950</u>	
---	--	--------------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-22-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lickcreek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Perry, Missouri.</u>	
---	--	----------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>2-22-1950</u>		REGISTRAR'S SIGNATURE <u>Clyde W. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde W. ...</u> ADDRESS <u>Perry, Missouri.</u>	
---	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 2
District Health Office
District File Number 4088
Date Filed

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

working under my personal supervision.

Student Embalmer No.....

Signed Clyde C. Wilber

Licensed Embalmer No. 3820.

Signed.....
Student Embalmer

P. O. Address Perry, Missouri

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

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