

No. 30
10. 48

FILED OCT 13 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29600

BIRTH NO. 17277-50 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5136 Registrar's No. 389

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harviell *Beaver Creek Township*
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harviell, R. 1
d. STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED
a. (First) Shirley b. (Middle) Emma Lou c. (Last) Robinson
4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1950

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH March 18, 1950
9. AGE (In years last birthday) 15 5 24
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) Poplar Bluff, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James I. Robinsonn
13b. MOTHER'S MAIDEN NAME Ida Jean McRoy
14. NAME OF HUSBAND OR WIFE single

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 Ida Jean Robinsonn ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *shel colitis*
ANTECEDENT CAUSES DUE TO (b) *none*
DUE TO (c) *none*
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. *none*
INTERVAL BETWEEN ONSET AND DEATH 5710

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION *none*
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) *none*
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)
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 *Sept 10, 1950*, to *Sept 11, 1950*, that I last saw the deceased alive on *Sept 11, 1950*, and that death occurred at *10:55 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE *Stewart Hill* (Degree or title)
23b. ADDRESS *Raylor Rd*
23c. DATE SIGNED *9/20/50*

24a. BURIAL, CREMATION, REMOVAL (Specify) *burial*
24b. DATE *9-12-50*
24c. NAME OF CEMETERY OR CREMATORY *Walker Cemetery*
24d. LOCATION (City, town, or county) (State) *Bloomfield, Mo.*

DATE REC'D BY LOCAL REG. *Oct 3 1950*
REGISTRAR'S SIGNATURE *Wm. H. Johnson* 428
25. FUNERAL DIRECTOR'S SIGNATURE *Watkins Funeral Ser.* ADDRESS *Dexter, Mo.*

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 10 1950

BUTLER CO. HEALTH CENTER

FILE No. 1050-416.

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.....

Raymond L. Duffie

Licensed Embalmer No.

4798

P. O. Address.....

Hyster, 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.