

FILED OCT 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 34153BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5281 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Miller</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Glaize</u>		c. LENGTH OF STAY (In this place) <u>7 wks.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u>		0661			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi NE Pruitt Station</u>			d. STREET ADDRESS (If rural, give location) <u>1402 So Grand</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Phoebe</u> b. (Middle) <u>ANN</u> c. (Last) <u>Workman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9 - 1950</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 71</u>	8. DATE OF BIRTH <u>Feb. 8 1863</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Brumley Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Samuel Robinett</u>		13b. MOTHER'S MAIDEN NAME <u>Arminda Ash</u>		14. NAME OF HUSBAND OR WIFE <u>William Workman</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. Stella Robinett</u> ADDRESS <u>Kaiser Co.</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>Myocarditis &amp; Hypostatic</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia due to Bedridden</u> DUE TO (c) <u>from Broken hip.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>  <u>6 day</u>  <u>90 day.</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Eldon</u> (COUNTY) <u>Miller</u> (STATE) <u>Mo.</u>	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 28 1950</u> m. <input type="checkbox"/> a. <input type="checkbox"/> p. <input type="checkbox"/> <u>11:00</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on floor in home</u>			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>50</u> , to <u>Oct 4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Aug. 20, 1950</u> , and that death occurred at <u>2:07 Pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>M. E. Humphreys D.O.</u>			23b. ADDRESS <u>Tuscumbia Mo.</u>		23c. DATE SIGNED <u>Oct. 10 - 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 11, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Union Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Miller Co. Mo.</u>					
DATE REC'D BY LOCAL REG. <u>10/11/50</u>	REGISTRAR'S SIGNATURE <u>Mrs. CR Hawkins</u> 19 <u>50</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Kays</u>		ADDRESS <u>ELDON Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

OCT 21 1950

MILLER COUNTY HEALTH  
DEPARTMENT

NOV 6 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 Keith McKays

Licensed Embalmer No. 13998

P. O. Address Eldon 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.