

FILED JAN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40194

State File No.

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5920 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPEED (Palestine Twp) 5 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPEED - Rural Palestine Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME - SPEED, MO		d. STREET ADDRESS (If rural, give location) NONE	

3. NAME OF DECEASED (Type or Print) a. (First) MRS DELILAH ELLEN ROBINSON b. (Middle) c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) DEC. 30-1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 11-1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) BOONE COUNTY - MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOSHUA MIZE	13b. MOTHER'S MAIDEN NAME OLEVA WREN	14. NAME OF HUSBAND OR WIFE F.W. ROBINSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give year or date of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS ROBERT ZIMMERMAN - SPEED MO.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 5 MONTHS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERAL ARTERIOSCLEROSIS		UNKNOWN.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS		UNKNOWN

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I, hereby certify that I attended the deceased from Nov. 19, 1950, to Dec 30, 1950, that I last saw the deceased alive on Dec 8, 1950, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE J.C. Tincher M.D.	23b. ADDRESS Boonville Mo	23c. DATE SIGNED Dec 30, 1950.
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 3 - 1951	24c. NAME OF CEMETERY OR CREMATORY GOSHEN CEMETERY	24d. LOCATION (City, town, or county) (State) WILTON - MISSOURI.
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DATE REC'D BY LOCAL REG. Jan 3-1951	REGISTRAR'S SIGNATURE Hellie Mullett	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEGNER FUNERAL HOME-BOONVILLE MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

270
1

RECEIVED 1-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-8-51

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.

Signed.....
Student Embalmer

Signed

James W. Stegner
Student Embalmer No.
Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.