

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43626**

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4286 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaGrange, Mo.,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaGrange, Mo., 0560	
d. FULL NAME OF HOSPITAL OR INSTITUTION In home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Sarah	b. (Middle) Jane	c. (Last) Robinson	4. DATE OF DEATH (Month) (Day) (Year) Nov. 28 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 17, 1864	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 6 MRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) LaGrange, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John R. Williams	13b. MOTHER'S MAIDEN NAME Adelade Robinson	14. NAME OF HUSBAND OR WIFE Edmund Robinson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. M. Harrison LaGrange, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerosis, Heart disease		10 yrs
	ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4200
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension			10 yrs

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 June, 1947, to Nov 28, 1950, that I last saw the deceased alive on Nov 28, 1950, and that death occurred at 6:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. H. Free</i>	(Degree or title) MD	23b. ADDRESS Palmyra Mo	23c. DATE SIGNED Dec 1, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 30, 1950	24c. NAME OF CEMETERY OR CREMATORY Dover Cemetery	24d. LOCATION (City, town, or county) (State) Lewis County, Mo.,
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DATE REC'D BY LOCAL REG. 12/10/50	REGISTRAR'S SIGNATURE P. W. Jennings	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kenneth Bailey LaGrange Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

560

Date Received: JAN 1 2 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-152
Date Filed: JAN 2 4 1951

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

J. Kenneth Bailey

Licensed Embalmer No. *4248*

P. O. Address *La Grange, 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.