

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3793

State File No.

FILED FEB 23 1951

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 5116 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution (residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - BOURBON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>	
c. LENGTH OF STAY (In this place) <u>ALL OF LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>near Sturgeon - Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZA</u> b. (Middle) <u>JANE</u> c. (Last) <u>ROBINSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 10 - 1951</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Dec. 17 - 1894</u>		9. AGE (In years last birthday) Months Days <u>56</u> <u>1</u> <u>23</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>W.F.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Boone Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Geo. Evingg</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Wade</u>		14. NAME OF HUSBAND OR WIFE <u>Robt. Robinson</u>	
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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) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thelma Taylor - Sturgeon - Mo.</u>		ADDRESS <u>334X</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fluiplegia Left</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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) m.		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 Feb 9, 1951, to Feb 10, 1951, that I last saw the deceased alive on Feb 10, 1951, and that death occurred at 12:45 m, from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. M. E. ...</u>		(Degree or title)		23b. ADDRESS <u>Sturgeon Mo</u>		23c. DATE SIGNED <u>2-11-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Feb 14 - 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORE</u>		24d. LOCATION (City, town, or county) (State) <u>STURGEON - Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Feb. 14 - 1951</u>		REGISTRAR'S SIGNATURE <u>Maud Mc Bride Barnes & Boothe - Sturgeon - Mo.</u>		30		25. FUNERAL DIRECTOR'S SIGNATURE <u>30</u>		ADDRESS <u>30</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 2-21-51

FEB 26 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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *A. E. Boothe*

Licensed Embalmer No. 4087

P. O. Address *Sturgeon - 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.