

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9194**

BIRTH NO. _____ REG. DIST. NO. **180** PRIMARY REG. DIST. NO. **5674** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Snow Hill Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Snow Hill Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION 10 mile west of Elsberry		d. STREET ADDRESS (If rural, give location) 10 mile west of Elsberry	

3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) Elizabeth c. (Last) Robinson			4. DATE OF DEATH (Month) (Day) (Year) Mar. 16, 1951		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Oct. 21, 1866		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Lincoln County Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME William Anderson		13b. MOTHER'S MAIDEN NAME Elizabeth Ricks		14. NAME OF HUSBAND OR WIFE William A. Robinson	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Irene Robinson - Troy, RFD, Missouri	
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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) Myocardial Infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 2 2 2	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE E. Levers (Degree or title)		23b. ADDRESS Troy, Mo		23c. DATE SIGNED 3-18-51	
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-18-51		24c. NAME OF CEMETERY OR CREMATORY Harmony Grove Cem.		24d. LOCATION (City, town, or county) (State) Lincoln County, Mo.	
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DATE REC'D BY LOCAL REG. Mar 23 - 1951		REGISTRAR'S SIGNATURE Emma B. Riddled		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Elsberry, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4
MAR 26 1951

RECEIVED

STATEMENT BY LICENSED EMBALMER

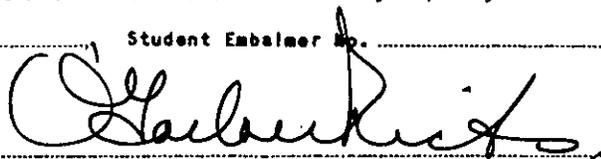
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____



Licensed Embalmer No. _____

4017

P. O. Address _____

Elsherry, 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.