

No. 300
10-48

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9332

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

BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 5775		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Mercer			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Somerset Twp.			c. LENGTH OF STAY (in this place) 10 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Somerset Twp. 0650			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Fern b. (Middle) G. c. (Last) Robinson			4. DATE OF DEATH (Month) (Day) (Year) March 12, 1951				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 19, 1900		9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Scott		13b. MOTHER'S MAIDEN NAME Ollie Walker		14. NAME OF HUSBAND OR WIFE Wayne Robinson			
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS W.E. Robinson Mercer Mo.				
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive DUE TO (c) Cardiovascular disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 30 min Yes.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 June 5, 1942, to Mar 12, 1951, that I last saw the deceased alive on Mar 10, 1951, and that death occurred at 4:00P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Geo. J. Davidson, D.O.				23b. ADDRESS Mercer, Mo.		23c. DATE SIGNED Mar 29-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 15, 1951	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery		24d. LOCATION (City, town, or county) (State) Appanoose County, Iowa.		
DATE REC'D BY LOCAL REG. 4-2-51		REGISTRAR'S SIGNATURE M. J. Rutledge		FUNERAL DIRECTOR'S SIGNATURE J. L. Shuler		ADDRESS Lineville Iowa.	



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, as by

working under my personal supervision.

Student Embalmer No.

Signed

James L. Gruesler

Signed.....

Student Embalmer

Licensed Embalmer No. 3967

P. O. Address Linnville, Iowa

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.