

FILED JAN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42248

BIRTH NO. _____ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 4313 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmer	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmer	d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Icy	b. (Middle) V.	c. (Last) Robinson	4. DATE OF DEATH (Month) (Day) (Year) December 28 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 5 1870
9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 23	IF UNDER 24 HRS. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S. A.

13a. FATHER'S NAME Jackson Cosby	13b. MOTHER'S MAIDEN NAME Catherine Rucker	14. NAME OF HUSBAND OR WIFE John W. Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gertrude Wigal Elmer 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) Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days
	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 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) 491X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1951, to Dec 28, 1951, that I last saw the deceased alive on Dec. 28, 1951, and that death occurred at 11-13 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold D. Loh D.D. 2	23b. ADDRESS La Plata Mo.	23c. DATE SIGNED 12/29/51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Dec 30 1951	24c. NAME OF CEMETERY OR CREMATORY Elmer
24d. LOCATION (City, town, or county) (State) Elmer Macon Mo		

DATE REC'D BY LOCAL REG. Jan 4-1952	REGISTRAR'S SIGNATURE Daphne Howerton	25 FUMERAL DIRECTOR'S SIGNATURE M. H. McCallum	ADDRESS South Gifford Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 1.7.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 1.52
Date Filed 1.8.52

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.

Signed W. H. McCallum

Signed _____
Student Embalmer

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.