No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42579

FILED JAN 8 1952

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 303

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

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (in this place) 20 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Woodland Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
d. STREET ADDRESS (If rural, give location) RFD #2 Jacksonville

3. NAME OF DECEASED (Type or Print) a. (First) SALLIE b. (Middle) ROBINSON c. (Last) BROWN

4. DATE OF DEATH (Month) (Day) (Year) DEC. -21-1951

5. SEX Female
6. COLOR OR RACE Black
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July-27-1901
9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months Days 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
11. BIRTHPLACE (State or foreign country) Howard Co. Mo. O
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Robinson
13b. MOTHER'S MAIDEN NAME Emma Harvey
14. NAME OF HUSBAND ~~OR WIFE~~ Frank Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME George Brown ADDRESS Jacksonville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 229X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Large Submucous ~~Myoma~~ Myoma Gibbing entire lower abd.
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1951, to Dec 21, 1951, that I last saw the deceased alive on Dec 21, 1951, and that death occurred at 4:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE Robert H Young M.D. (Degree or title)
23b. ADDRESS Woodland Hosp Moberly Mo
23c. DATE SIGNED 12-26-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec-24-51
24c. NAME OF CEMETERY OR CREMATORY Jacksonville Colored Cemetery
24d. LOCATION (City, town, or county) (State) Jacksonville Mo.

DATE REC'D BY LOCAL REG. Dec 24 51
REGISTRAR'S SIGNATURE Leah Williams Lowe 294
25. FUNERAL DIRECTOR'S SIGNATURE Snow Funeral Home ADDRESS Moberly Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: JAN 2 1

DISTRICT HEALTH OFFICE #2

District File Number /-52-

Date Filed: JAN 5 1952

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 R. M. Cates

Licensed Embalmer No. 4117

P. O. Address Moberly Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.