

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44352**

FILED JAN 16 1953

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 596

P.B. Hospital Hardin Memorial
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY RUTHER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY RIPKEY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DOMIPHAN, MO. Rt #2	
c. LENGTH OF STAY (In this place) 30 days		d. STREET ADDRESS (If rural, give location) DOMIPHAN, MO Rt #2	
d. FULL NAME OF HOSPITAL OR INSTITUTION POPLAR BLUFF HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) GRACIE		b. (Middle) LEE	
		c. (Last) ROBISON	
4. DATE OF DEATH (Month) (Day) (Year) NOV. 26, 1951			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NO	8. DATE OF BIRTH JULY 8, 1951
9. AGE (In years last birthday) 4		10. MONTHS 18	11. HOURS 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓		10b. KIND OF BUSINESS OR INDUSTRY ✓	
11. BIRTHPLACE (State or foreign country) MO. C		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME Dorothy Robison	
14. NAME OF HUSBAND OR WIFE ✓			
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 Ben Robison Domiphan		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fatal Burns of body ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) E9160 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 16 INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 091	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 11-25 , 19 51 , to 11-25 , 19 51 , that I last saw the deceased alive on 11-25 , 19 51 , and that death occurred at 1:10 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Hardin O'Brien, M.D.		23b. ADDRESS	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 27-1951	
24c. NAME OF CEMETERY OR CREMATORY Domiphan		24d. LOCATION (City, town, or county) (State) Domiphan, Mo.	
DATE REC'D BY LOCAL REG. Jan. 11-1953		REGISTRAR'S SIGNATURE Wm. H. Johnson	
428-1		25. FUNERAL DIRECTOR'S SIGNATURE L.W. Edwards	
ADDRESS Domiphan, Mo.			

RECEIVED

JAN 14 1953

BUTLER CO. HEALTH CENTER

FILE No. 153-28

was Not Embalmed

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 *George A. Kerley*

Licensed Embalmer No. *4752*

P. O. Address *Dorchester MA*

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.