

FILED FEB 13, 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2114

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 232 PRIMARY REG. DIST. NO. 4353 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gideon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Brosley</b>	
c. LENGTH OF STAY (in this place) <b>2<sup>d</sup> day</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Mona</b>	b. (Middle) <b>Lesa</b>	c. (Last) <b>Robards</b>	2 <b>3</b>		1952
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Child</b>	8. DATE OF BIRTH <b>Dec. 4, 1950</b>	9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR Months <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Gideon, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Jewell Robards</b>	13b. MOTHER'S MAIDEN NAME <b>Pauline Goins</b>	14. NAME OF HUSBAND OR WIFE <b>Child</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <i>Jewell Robards</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)		<b>Pneumonia Bronchial</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	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 Feb. 3, 1952, to Feb 3, 1952, that I last saw the deceased alive on Feb 3, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Mrs. E. G. Lee</i>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Gideon Mo.</b>	23c. DATE SIGNED <b>Feb. 3, 1952</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-5-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pine City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Near Holcomb, Mo</b>
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DATE REC'D BY LOCAL REG. <b>2 8 -52</b>	REGISTRAR'S SIGNATURE <i>Mrs F. G. Hopkins</i>	456	25. FUNERAL DIRECTOR'S SIGNATURE <i>Lloyd Russell Piggott Ark.</i>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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 me

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Lloyd M. Rusee*

Licensed Embalmer No. 509-ark

P. O. Address Biggott, Ark.

Signed.....  
Student Embalmer

**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.