

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5869**

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

FILED MAR 10 1952 REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>GRANBY Mo.</u>	c. LENGTH OF STAY (in this place) <u>2 HRS.</u>	c. CITY OR TOWN <u>CARTHAGE, Mo 0490</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GRANBY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles WEST OF CARTHAGE</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ISABELLE</u>	b. (Middle)	c. (Last) <u>ROBINSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 13 1952</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN-13-1879</u>	9. AGE (In years last birthday) <u>72</u>	# UNDER 1 YEAR Months <u>1</u>	# UNDER 1 YEAR Days <u>0</u>	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Newton Co</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>WALTER ROBINSON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JOHN G. JOINES - CARTHAGE Mo</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Over 6 Mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal hypertensive disease.</u>		
	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 <u>442X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 12, 1952, to Feb 13, 1952, that I last saw the deceased alive on Feb 13, 1952, and that death occurred at 4:27 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. O. Chertney, D.O.</u> (Degree or title)	23b. ADDRESS <u>Granby, Mo.</u>	23c. DATE SIGNED <u>2-20-52</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 15 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WEAVER CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ORONO MO</u>
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DATE REC'D BY LOCAL REG. <u>Feb 23, 1952</u>	REGISTRAR'S SIGNATURE <u>M. L. Young</u> <u>225</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>JOHN STON-ARAKE-SIMPSON</u> ADDRESS <u>MORTUARY</u>
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RECEIVED

District Health Officer No. ~~NEWTON COUNTY HEALTH UNIT~~

District File Number ~~252-9~~

Date Filed FEB 25 1952

NEOSHO, MISSOURI

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 Harry E. Amos

Licensed Embalmer No. 4463

P. O. Address West City, 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.