

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7746

State File No. _____

FILED APR 11 1952

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5265 Registrar's No. 2

1. PLACE OF DEATH a. <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>MO.</u> b. <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural, Sparta</u>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Rural, Sparta</u> <u>0220</u>	
c. LENGTH OF STAY (In this place) <u>37</u>		d. STREET ADDRESS (If rural, give location) <u>Christian</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Caroline</u> b. (Middle) <u>Mary</u> c. (Last) <u>Robinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 29, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>June 12, 1854</u>		9. AGE (In years last birthday) <u>97</u>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>housekeeper</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Wilson Dallas</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Kendall</u>		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) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Carl Fieden Sparta Rt#1 Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>yes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u>		
	II. OTHER SIGNIFICANT CONDITIONS: <u>Arteriosclerosis, generalized</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	

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 Dec 18/46 to 29 Mar, 1952, that I last saw the deceased alive on 27 Mar, 1952, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Royer</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Ozark, Mo</u>		23c. DATE SIGNED <u>1 Apr 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 1, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Christian, Missouri</u>			

DATE REC'D BY LOCAL REG. <u>April 4, 1952</u>		REGISTRAR'S SIGNATURE <u>John Blewins</u> <u>459-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. B. Chaffin Ozark Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

220
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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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.