

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39181

State File No. 39181

FILED NOV 25 1952

BIRTH NO.

REG. DIST. NO. 155

PRIMARY REG. DIST. NO. 3127

Registrar's No. 182

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Webb City		c. CITY (If outside corporate limits, write RURAL and give township) Webb City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 305 W. Aylor		d. STREET ADDRESS (If rural, give location) 305 West Aylor	
3. NAME OF DECEASED (Type or Print) a. (First) CAROLINE		b. (Middle) ROBINSON	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) November 14, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 12, 1894
9. AGE (In years) Last birthday 58		IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 2 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME No data	
13b. MOTHER'S MAIDEN NAME Elizabeth McElroy		14. NAME OF HUSBAND OR WIFE Earnest Robinson	
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 Earnest Robinson		ADDRESS Webb City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Hypertension Arterial Sclerosis Lues  DUE TO (b) DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  3 3 1 X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 4 days	
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 1948, to 11-14-52, that I last saw the deceased alive on 11-14-52, and that death occurred at 8:15 A.M., from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i> (Degree or title) D.O.		23b. ADDRESS Carterville, Mo.	23c. DATE SIGNED 11-17-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 17, 1952	24c. NAME OF CEMETERY OR CREMATORY Friends Cemetery	24d. LOCATION (City, town, or county) (State) Purcell Missouri
DATE REC'D BY LOCAL REG. 11/17/52	REGISTRAR'S SIGNATURE Mrs. Madeline Schmitzer	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis ADDRESS Webb City, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-24-52  
Jasper County Health Office

County File Number 52/11/906

Date Filed 11-24-52

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 Richard Gray Lewis

Licensed Embalmer No. 4495

P. O. Address Webb 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.