

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

39722

State File No. ....

No. 300  
10.45  
8004  
FILED NOV 18 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5923 Registrar's No. 347

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>Pettis</u>			a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia Rural</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia Rural 2 mi north</u>		
c. LENGTH OF STAY (in this place) <u>2 yrs</u>			d. STREET ADDRESS (If rural, give location) <u>Buena Vista Home, 2 mi north</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Buena Vista Home</u>					

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>MARTHA</u>			Nov. 12, 1952		
b. (Middle) <u>JANE</u>					
c. (Last) <u>ROBINSON</u>					
<b>5. SEX</b> <u>Fe</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Mar. 3, 1861</u>		<b>9. AGE</b> (In years last birthday) <u>91</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			<b>11. BIRTHPLACE</b> (State or foreign country) <u>Benton County, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b>

<b>13a. FATHER'S NAME</b> <u>Alvary H. Scott</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary A. Cole</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>William Columbus Robinson</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>L. C. Robinson, Sedalia, Mo</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>7 days</u>  <u>3 weeks</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Embolism pulmonary</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Fracture of hip joint</u>  DUE TO (c) <u>sterility</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.  <u>E9030</u> <u>20</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT</b> <u>SLUICIDE</u> <u>HOMICIDE</u>	(Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Benton County Pettis Mo</u>
<b>21d. TIME OF INJURY</b> <u>Oct 15 1952 8:30</u>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>slipped on floor &amp; fell</u>	

**22. I hereby certify that I attended the deceased from** Oct 19, 1952, to Nov 12, 1952, that I last saw the deceased alive on Nov 12, 1952, and that death occurred at 7:30 m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Chas. D. Schuman M.D.</u>	(Degree or title)	<b>23b. ADDRESS</b> <u>118 W 3rd St Sedalia</u>	<b>23c. DATE SIGNED</b> <u>11/15/52</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>14 Nov 1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>New Home Baptist</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Warsaw, Mo.</u>

<b>DATE REC'D BY LOCAL REG.</b> <u>11/15-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>W. J. Campbell M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. J. Keckart</u>	<b>ADDRESS</b> <u>Sedalia, Mo</u>
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2511-0

(Licensed Embalmer's Statement on Reverse Side)

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

GILLESPIE FUNERAL HOME

**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..... *W. Keckart*

Licensed Embalmer No. *3470*

P. O. Address..... *Sealia, 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.**