

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 2 - 1953

BIRTH NO. _____ REG. DIST. NO. **37** PRIMARY REG. DIST. NO. **4049** Registrar's No. **9**

01004

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

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY ANDRAIN	
b. CITY OR TOWN CENTRALIA	c. LENGTH OF STAY (in this place) 33 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) 0043 OR TOWN MEXICO, MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION HULEN NURSING HOME		d. STREET ADDRESS (If rural, give location) ✓	

3. NAME OF DECEASED (Type or Print) a. (First) BERTIE b. (Middle) ALICE c. (Last) ROBINSON			4. DATE OF DEATH (Month) (Day) (Year) FEB 21 1953		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH MAR. 13, 1879	9. AGE (In years last birthday) 79	10. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW (HWP)		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) SALINE, MO		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME RICHARD SMITH	13b. MOTHER'S MAIDEN NAME FANNIE ROLLINS	14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Floyd Robinson ADDRESS Centuria, Mo			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 36 hrs.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUE TO (b) Hypertension			lung
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) arteriosclerosis			head
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 **2-10-53**, to **2-21-53**, that I last saw the deceased alive on **2-20-53**, and that death occurred at **3:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____	23b. ADDRESS Centuria, MO	23c. DATE SIGNED 2-21-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2-24-53	24c. NAME OF CEMETERY OR CREMATORY BEREA	24d. LOCATION (City, town, or county) (State) ANDRAIN Co MO
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DATE REC'D BY LOCAL REG. Feb 23-1953	REGISTRAR'S SIGNATURE Maud McBride	25. FUNERAL DIRECTOR'S SIGNATURE Clas Arnold ADDRESS Mexico, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

Clara Arundel

Licensed Embalmer No. 3569

P. O. Address Milwaukee, Wis.

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.