

STANDARD CERTIFICATE OF DEATH

State File No. 10961

FILED APR 10 1953

BIRTH NO. REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 10

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>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stella</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - East Franklin</u>	
c. LENGTH OF STAY (If this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>Fairview 0738</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cardwell-Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Katherine</u> c. (Last) <u>ROBINSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 4 - 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug-24-1874</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR: Months <u>6</u> Days <u>10</u> Hours <u></u> Min. <u></u>	
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		11. BIRTHPLACE (City and State or Foreign Country) <u>Rose Hill, Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>GW. Dillman</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Germany</u>		14. NAME OF HUSBAND OR WIFE <u>John Robinson</u>	
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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L.R. Robinson, Fairview Mo. P.O.</u>	

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, asphyxia, 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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>0</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>2 years</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>331X</u>	
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?	

I hereby certify that I attended the deceased from Feb 26, 1953, to Mar 4, 1953, that I last saw the deceased alive on Mar. 3, 1953, and that death occurred at 12.45 p.m., from the causes and on the date stated above.

22. SIGNATURE (Degree or title) <u>James L. Holmes D.O. Wheaton Mo</u>		23b. ADDRESS <u>331X</u>		23c. DATE SIGNED <u>3/5/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March-6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rocky Comfort</u>	
24d. LOCATION (City, town, or county) (State) <u>Rocky Comfort Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McQueen Funeral Home Wheaton</u>			
DATE REC'D BY LOCAL REG. <u>4-3-1953</u>		REGISTRAR'S SIGNATURE <u>Alpha Dyer</u>		364	

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

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RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____
District File Number 453-82
Date Filed 4-6-53

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 Elmer D. Lipscomb

Licensed Embalmer No. 4817

P. O. Address Cassville, 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.