

FILED JUN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16922

State File No.

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY <u>Adair 0013</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lewis 2560</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CANTON</u>	
c. LENGTH OF STAY (If this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirksville Osteopathic Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>Catherine</u> c. (Last) <u>ROBINSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Sept. 20, 1885</u>		9. AGE (In years last birthday) <u>47 6/7</u>		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 28 HRS. Hours Mins.		11. BIRTHPLACE (State or foreign country) <u>Lewis Co, Mo. d</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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 (State or foreign country)	

13a. FATHER'S NAME <u>Jackson Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA ANN FERGUSON</u>		14. NAME OF HUSBAND OR WIFE <u>William 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>Carl Barkley, Canton, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease - years</u>			
		DUE TO (c) <u>4200H</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Partial obstruction of colon from unknown cause (Possible carcinoma)</u>			<u>3 wks.</u>
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) m.		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 6-5, 1953 to 6-8, 1953 that I last saw the deceased alive on 6-8, 1953, and that death occurred at 5:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul R. Procter</u>		23b. ADDRESS <u>50.21 Kirksville Mo.</u>		23c. DATE SIGNED <u>6-9-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-10-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ten Mile Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Lewis Co. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>6-9-53</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert 1-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barkley Funeral Home, Canton, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Robert B. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. *4219*

P. O. Address *Finksille, 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.