

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27665**

FILED SEP 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 71

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

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) Lamar		c. CITY (If outside corporate limits, write RURAL and give township) Greenfield 0290	
c. LENGTH OF STAY (In this place) 16 wks.		d. STREET ADDRESS (If rural, give location) Maple Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lamar Memorial Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Ella	b. (Middle) -	c. (Last) Dodd Robison	4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1953
---	----------------------	-------------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 27, 1876	9. AGE (In years last birthday) 76	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Ft. Scott, Kansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
10a.		10b. KIND OF BUSINESS OR INDUSTRY Home	11.		12.		

13a. FATHER'S NAME William Teters	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE James S. Robison
---	---	--

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. None	17. INFORMANT'S SIGNATURE OR NAME Clarence Dodd, R.F.D. Lockwood, Mo.	ADDRESS
---	--	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH 8/28/53
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, left lung.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pleural Effusion tapped at 3:57 by Sister M. Antie Dec 29, 1952 DUE TO (c) Probably indigestion Rt. lung.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus, old		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 163X	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) (Min.)	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 Dec. 29, 1952, to Sept. 2, 1953, that I last saw the deceased alive on Sept. 1, 1953, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE John T. Bickel, M.D.	23b. ADDRESS Lamar, Missouri	23c. DATE SIGNED Sept. 2, 1953
---	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 6, 1953	24c. NAME OF CEMETERY OR CREMATORY Cedarville Cemetery	24d. LOCATION (City, town, or county) (State) Dade County, Mo.
--	-----------------------------------	--	--

DATE REC'D BY LOCAL REG. SEP 4 - 1953	REGISTRAR'S SIGNATURE Marie Kovacs	25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada, Greenfield, Mo.	ADDRESS
---	--	--	---------

(Licensed Embalmer) 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

J. C. Canada

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, N.H.*

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.