

No. 300
10.48

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31348

State File No.

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

0720

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5898 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland Township</u>		c. CITY OR TOWN _____	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>Richland Township 0770</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		3. NAME OF DECEASED a. (First) <u>Minnie</u> b. (Middle) <u>L.</u> c. (Last) <u>Robinson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>10 5 1954</u>		5. SEX <u>F</u> 6. COLOR OR RACE <u>W</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>5-16-1874</u>		9. AGE (In years last birthday) Months Days <u>80</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 <u>Own</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Douglas County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MAACK Frazier</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY Hamilton</u>	
14. NAME OF HUSBAND OR WIFE <u>Lee Robinson Deceased</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lee Adams</u> ADDRESS <u>Dora, 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, asphyxia, 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> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Isential attack</u> <u>No previous medical history</u> II. OTHER SIGNIFICANT CONDITIONS <u>History</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
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 <u>10/5</u> , 19 <u>54</u> , to <u>10/5/</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10/5/54</u> , 19 <u>54</u> , and that death occurred at <u>2 P m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>M. J. Hoerman</u> (Degree or title) <u>DO</u>		23b. ADDRESS <u>Saucesville, Mo.</u>	
23c. DATE SIGNED <u>10-9-54</u>		24a. BURIAL OR CREMATION REMOVAL (Specify) <u>BO-721</u>	
24b. DATE <u>10-9-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PATRICK</u>	
24d. LOCATION (City, town, or county) (State) <u>Ozark County Mo.</u>		DATE REC'D BY LOCAL REG. <u>10/9/54</u>	
REGISTRAR'S SIGNATURE <u>Thans Mahan</u>		461 25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. King</u> ADDRESS <u>Funeral Home Saucesville Mo.</u>	

Mr.

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.....
Signature of Student Embalmer

Signed *John R. Elery*.....

Licensed Embalmer No. *488*.....

P. O. Address *Leominster, Mass.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.