

FILED FEB 8 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 2260

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL, ST. FRANCOIS</u>		c. CITY OR TOWN <u>NOB LICK</u>	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>3 days</u>		e. STREET ADDRESS (If rural, give location) <u>6940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mineral Area Osteopathic</u>			

3. NAME OF DECEASED (Type or Print) <u>BELLE</u>	a. (First) <u>----</u>	b. (Middle) <u>----</u>	c. (Last) <u>Robinson</u>	4. DATE OF DEATH <u>Feb. 2, 1955</u>
--	------------------------	-------------------------	---------------------------	--------------------------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 29, 1877</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u>3</u> Min.
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>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Collinsville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>JOHN OSTLE</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE
--------------------------------------	--	-----------------------------

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 <u>Jeannette Surber</u>	ADDRESS <u>Springfield, Ill</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Passive Congestive Lung</u> <u>3 days</u>		
	DUE TO (c) <u>Auricular Fibrillation</u> <u>10 days</u>		
II. OTHER SIGNIFICANT CONDITIONS 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>4331</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) 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 Jan 28, 1955 to Feb 2, 1955, that I last saw the deceased alive on Feb 2, 1955, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. M. Stanley D.O.</u>	(Degree or title)	23b. ADDRESS <u>Farminston Mo</u>	23c. DATE SIGNED <u>2/2/55</u>
--	-------------------	-----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/5/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Edwardsville, Illinois</u>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Feb 2, 1955</u>	REGISTRAR'S SIGNATURE <u>Catherine Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Funeral Home</u>	ADDRESS <u>Farminston, Missouri</u>
---	--	---	-------------------------------------

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

MISSOURI STATE

EMBALMER

CERTIFICATE

X

KNOW YOUR

Exp. S. 1922

Johnson

---

LINE

TS

Dec. 29

Johnson

White

White

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 Bull Royal

Licensed Embalmer No. 4120

P. O. Address Farmington

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.