

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35924**BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3005** Registrar's No. **104**

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Bates					
b. CITY, (outside corporate limits, write RURAL and give town or township) BUTLER Mo		c. LENGTH OF STAY (in this place) 2 da		c. CITY OR TOWN Rich Hill		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION BUTLER Mem. Hosp.				e. STREET ADDRESS (If rural, give location) 8070					
3. NAME OF DECEASED (Type or Print) Jennie Mabel Robinson			a. (First) Jennie b. (Middle) Mabel c. (Last) Robinson			4. DATE OF DEATH (Month) (Day) (Year) Nov 21 1955			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH June 24 - 1888			
9. AGE (In years, last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Appleton City, Mo.			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ed Mc Connell		13b. MOTHER'S MAIDEN NAME Rhoda Hedrick		14. NAME OF HUSBAND OR WIFE James P. Robinson			
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. 486-34-5438		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Galma Elliot Kansas City Mo					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				DUPLICATE				3 days	
ANTECEDENT CAUSES				DUPLICATE					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE					
DUPLICATE				DUPLICATE					
II. OTHER SIGNIFICANT CONDITIONS				DUPLICATE					
Conditions contributing to the death but not related to the disease or condition causing death.				DUPLICATE					
DUPLICATE				DUPLICATE					
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) (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 Nov 20 1955 to Nov 21 1955 , that I last saw the deceased alive on Nov 21 1955 , and that death occurred at 9:00 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Carter W. Luter MD				23b. ADDRESS Butler Mo		23c. DATE SIGNED 11/21/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-23-55		24c. NAME OF CEMETERY OR CREMATORY Appleton City		24d. LOCATION (City, town, or county) (State) Appleton City Mo.			
DATE REC'D BY LOCAL REG. NOV. 21-55		REGISTRAR'S SIGNATURE Randall Korney		25. FUNERAL DIRECTOR'S SIGNATURE Wesley P. Elliott		ADDRESS Appleton City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

1954
DEC 6

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 *Walter Eckhoff*.....

Licensed Embalmer No. *344*.....

P. O. Address *Appleton*.....

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.