

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18540

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 4044

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2223 A. Hickory		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS (If rural, give location) 2223 A. Hickory		3-2290			
3. NAME OF DECEASED (Type or Print) a. (First) Carrie		b. (Middle) Robinson		c. (Last) 1956	
4. DATE OF DEATH (Month) (Day) (Year) 4 20 1956		5. SEX Female		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH July 4, 1889		9. AGE (In years, Months, Days) 66 yrs 9 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Hinds County, Miss.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Eli Dixon		13b. MOTHER'S MAIDEN NAME Sarah Dixon	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-28-1477	
17. INFORMANT'S SIGNATURE OR NAME William Robinson		ADDRESS 2732 Lucas		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.	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition 151X		INTERVAL BETWEEN ONSET AND DEATH 3 mos.  2 mos.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION Feb. 18 '56		19b. MAJOR FINDINGS OF OPERATION Metastatic carcinoma of stomach		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21c. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from December 19, 1955, to April 20, 1956, that I last saw the deceased alive on April 14, 1956, and that death occurred at 12:30 m., from the causes and on the date stated above.	
23a. SIGNATURE C. M. Turner, M.D.		23b. ADDRESS 1009 So. Loring		23c. DATE SIGNED 4-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/26/56		24c. NAME OF CEMETERY OR CREMATORY Tunica, Miss.	
24d. LOCATION (city, town, or county) (State) Tunica, Miss.		DATE REC'D BY LOCAL REG. APR 24 1956		REGISTRAR'S SIGNATURE E. B. Koonce	
25. FUNERAL DIRECTOR'S SIGNATURE E. B. Koonce		ADDRESS 1221 N. Grand		(Licensed Embalmer's Statement on Reverse Side)	

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

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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 *Patience Craun*.....

Licensed Embalmer No. *117*.....

P. O. Address *1221 North*.....

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.