FILED JUN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 20028

Registration District No. 96 Primary Registration District No. 5347 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North Benton — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in Ib ?

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dallas
c. CITY OR TOWN Buffalo, Mo. — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Dado — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Leola Middle Mae Last Robie

4. DATE OF DEATH Month June Day 15 Year 1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Oct. 16, 1894

9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR: Months 8, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME G. W. Searcy

14. MOTHER'S MAIDEN NAME Mary A. Fitchgerald

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT Address: Geo. Robie Buffalo, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: one min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Atheroma — unknown
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 332X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-19-56, to 6-15-56 and last saw her/him alive on 6-9-56
Death occurred at 8 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph F. Bennett, D.O.

22b. ADDRESS Buffalo, Missouri

22c. DATE SIGNED 6-16-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 6-18-1956

23c. NAME OF CEMETERY OR CREMATORY Four Mile Cem.

23d. LOCATION (City, town, or county) (State) Dallas County, Mo.

24. FUNERAL DIRECTOR Montgomery Funeral Home — **ADDRESS** Buffalo, Mo.

25. DATE RECD. BY LOCAL REG. 6/18/56

26. REGISTRAR'S SIGNATURE Grace Petree

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LIGENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lelyde Montgomery.....

Licensed Embalmer No. 3.S

P. O. Address Buffale

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.