

STANDARD CERTIFICATE OF DEATH

27790

State File No. _____

FILED SEP 12 1956

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <u>PEMISCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PEMISCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARDELL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARDELL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>ROUTE 1</u>		d. STREET ADDRESS (If rural, give location) <u>ROUTE 1</u>	

3. NAME OF DECEASED (Type or Print) <u>MARY</u>	a. (First)	b. (Middle)	c. (Last) <u>ROBINSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 27 1956</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>4-14-1890</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 Wk. Hours Min.
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10a. USUAL OCCUPATION (If we 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 (State or foreign country) <u>MT. OLIVE ARK.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>BOB CREWS</u>	13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE JOHNSON</u>	14. NAME OF HUSBAND OR WIFE <u>PORTER ROBINSON</u>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>EVERLYN PHILLIPS</u>	ADDRESS <u>BAV.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u>		<u>3 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		<u>5 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		<u>15 years</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>331x</u>
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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 _____
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22. I hereby certify that I attended the deceased from Aug 17, 1956, to Aug 17, 1956, that I last saw the deceased alive on Aug 17, 1956 and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Daniel R. Hensley M.D.</u>	(Degree or title)	23b. ADDRESS <u>Box 296 Wardell</u>	23c. DATE SIGNED <u>Sept 4 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>8-27-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DAK LAWN</u>	24d. LOCATION (City, town, or county) (State) <u>JONESBORO ARK</u>
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DATE REC'D BY LOCAL REG. <u>9-6-56</u>	REGISTRAR'S SIGNATURE <u>John H. German</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gregg Funeral Home</u>	ADDRESS <u>233 Gregg, Jonesboro, Ark</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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9-232-56

SEP 10 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed W.A. Suffer

Signed
Student Embalmer

Licensed Embalmer No. 785

P. O. Address JONESBORO, ARK

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 this body is not embalmed, fact should be so stated above.