

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31759**  
Registrar's No. **240**

FILED SEP 17 1956

BIRTH NO. **40482-576** REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056**

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. LENGTH OF STAY (in this place) <b>2 hrs.</b>	c. CITY OR TOWN <b>Huntsville</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCormick Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>0881</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Debra</b> b. (Middle) <b>Irene</b> c. (Last) <b>Robinson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 29 1956</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>June 28, 1956</b>
9. AGE (In years last birthday) <b>0</b>		10. MONTH <b>2</b>	11. DAYS <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Huntsville, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>"illegitimate child"</b>	
13b. MOTHER'S MAIDEN NAME <b>Ardina Garth</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ardina Robinson</b>		ADDRESS <b>Huntsville, Missouri</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 days.</b> ANTECEDENT CAUSES <b>Malnutrition</b> DUE TO (b) <b>Malnutrition</b> DUE TO (c) _____ 11. 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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>7720</b>	
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) _____	
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 <b>Aug 29 1956</b> , to <b>Aug 29, 1956</b> , that I last saw the deceased alive on <b>Aug 29, 1956</b> , and that death occurred at <b>8: P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>M. C. Copley M.D.</b>		23b. ADDRESS <b>Huntsville Mo.</b>	
23c. DATE SIGNED <b>8-30-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
24b. DATE <b>8-30-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Huntsville Cemetery</b>	
24d. LOCATION (City, town, or county) <b>Huntsville, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Tom B. Patton</b>	
DATE REC'D BY LOCAL REG. <b>8-30-56</b>		REGISTRAR'S SIGNATURE <b>Charles L. Love</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Tom B. Patton</b>		ADDRESS <b>Huntsville</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

2690

MD

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..... *Tom B. Patton*

Licensed Embalmer No. *3914*

P. O. Address *Huntwell*

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.