

FILED NOV 19 1956

STANDARD CERTIFICATE OF DEATH

State File No. 40402

BIRTH NO. _____ REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 6237 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Wright City</u>		c. LENGTH OF STAY (in this place) <u>40 yr</u>	c. CITY OR TOWN <u>Wright City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi north</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
f. STREET ADDRESS <u>1 mi north</u>		10 90	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u>	b. (Middle)	c. (Last) <u>Robinson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 1 1956</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 4 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home Duties</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>	9. AGE (In years last birthday) <u>74</u>
13a. FATHER'S NAME <u>Lucian Ball</u>	13b. MOTHER'S MAIDEN NAME <u>Don't know</u>	14. NAME OF HUSBAND OR WIFE	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Hubert Ball Foxistell Mo</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Bacterial</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6-8</u> <u>10 days</u> <u>any</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Vascular accident</u>		
	DUE TO (c) <u>Hypertensive Cordis Stroke</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>renal failure</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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 6-1-56 to 11-1-56, that I last saw the deceased alive on 10-31-56, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hubert Ball Foxistell Mo</u>	23b. ADDRESS <u>W. Quentin No 11-10-56</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-4-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wesleyan Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wright City Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-13-56</u>	REGISTRAR'S SIGNATURE <u>Alfred Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>T. E. Pittman</u>	ADDRESS <u>Funeral Home Wentzville</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Annella M. Patman*

Licensed Embalmer No...*305*...

P. O. Address *Hentzville*

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.