

FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

44875

11971

Registration District No. 318 Primary Registration District 1003 Registrar's No.

|  |   |   |  |                                       |   |
|--|---|---|--|---------------------------------------|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY |                                       |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN St. Louis  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY<br>OR<br>TOWN St. Louis  |                                       | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION City Hospital  |   | Length of stay in lb<br>10 days   | d. STREET<br>ADDRESS 3225 N. Florissant  |                                       | (If outside, give location)<br>Reside on Form<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First MARGARET Middle E. Last ROBEY  |   |   | 4. DATE OF DEATH<br>Month 12 Day 27 Year 56  |                                       |   |
| 5. SEX<br>female   | 6. COLOR OR RACE<br>white   | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>2-2-1865   | 9. AGE (In years last birthday)<br>91 |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>housewife   | 10b. KIND OF BUSINESS OR INDUSTRY<br>at home  | 11. BIRTHPLACE (City and state or country)<br>Lincoln County, Mo.   |  | 12. CITIZEN OF WHAT COUNTRY?<br>USA   |   |
| 13. FATHER'S NAME<br>Charles Elder   |   |   | 14. MOTHER'S MAIDEN NAME<br>Latisia Mattingly  |                                       |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>no   |   | 16. SOCIAL SECURITY NO.<br>none   | 17. INFORMANT<br>Address<br>Mrs. Geo. Rose, 3224 Edmondson   |                                       |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Colon Obstruction</u><br><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Spicility</u><br>DUE TO (c) <u>Generalized Arteriosclerosis</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) |   |   |  |                                       | INTERVAL BETWEEN ONSET AND DEATH  |
| 20a. ACCIDENT <input type="checkbox"/>   | SUICIDE <input type="checkbox"/>  | HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)                         |                                       |   |
| 20c. TIME OF INJURY<br>Hour<br>a. m.<br>p. m.  |   |   |  |                                       |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 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 _____ to _____ and last saw her/him alive on _____<br>Death occurred at <u>3:46 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.  |   |   |  |                                       |   |
| 22a. SIGNATURE<br><u>James M. Kelly</u> (Datee or title)<br>Deputy Coroner   |   |   | 22b. ADDRESS<br>1300 Clark   |                                       | 22c. DATE SIGNED<br>12-28-56  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>removal   | 23b. DATE<br>12-28-56   | 23c. NAME OF CEMETERY OR CREMATORY  | 23d. LOCATION (City, town, or county) (State)<br>Bowling Green, Mo.  |                                       |   |
| 24. FUNERAL DIRECTOR<br>J. O. Mudd, Bowling Green, Mo.   |   | 25. DATE RECD. BY LOCAL REG.<br>DEC 28 1956   | 26. REGISTRAR'S SIGNATURE<br><u>Carl Smith</u>   |                                       |   |

(Licensed Embalmer's Statement on Reverse Side)

with, welfare, public service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

disease in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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..... *Harvey Stahl*  
Licensed Embalmer No. *45*  
P. O. Address *St. Louis*

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.