

2400

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Moberly</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Moberly</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>909 S. 5th</i>			Length of stay in 1b <i>30 years</i>		d. STREET ADDRESS (If outside, give location) <i>909 S. 5th</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>VELLIE</i> Middle <i>JANE</i> Last <i>ROBINSON</i>				4. DATE OF DEATH Month <i>January</i> Day <i>27</i> Year <i>1957</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May-7-1890</i>	9. AGE (In years last birthday) <i>66</i>		IF UNDER 1 YEAR IF UNDER 24 HRS. Month Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) <i>Jacksonville Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Louis Robinson</i>				14. MOTHER'S MAIDEN NAME <i>Fannie</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT <i>Martin Robinson</i> Address <i>Moberly Mo.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Right Hemiplegia</i> DUE TO (b) <i>High Blood Pressure</i> DUE TO (c) — Conditions: if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <input checked="" type="checkbox"/>						INTERVAL BETWEEN ONSET AND DEATH <i>Dec 3/56</i> <i>months</i>	
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.) <i>334X</i>					
20c. TIME OF INJURY Hour <i>5:20</i> Month <i>Aug</i> Day <i>1956</i> p. m.		20d. INJURY OCCURRED WHILE AT <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 <i>Aug - 1956</i> to <i>Jan. 27/57</i> and last saw her alive on <i>Jan 27/57</i> Death occurred at <i>5:20 P.m on the date stated above; and to the best of my knowledge, I am the cause stated.</i>							
22a. SIGNATURE (Degree or title) <i>A. L. E. Huber, M.D.</i>				22b. ADDRESS <i>400 E. W. Road, Moberly, Mo.</i>		22c. DATE SIGNED <i>1/29/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>Feb-1-1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Bakland Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Moberly Missouri</i>	
24. FUNERAL DIRECTOR <i>Cater Funeral Home Moberly Mo.</i>		ADDRESS		25. DATE RECD BY LOCAL REG. <i>1-31-57</i>		26. REGISTRAR'S SIGNATURE <i>Dea. H. S. Lowe</i>	

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. *41*

P. O. Address *Proberly*

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.