

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3430**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **381** PRIMARY REG. DIST. NO. **6185** Registrar's No. **21**

1. PLACE OF DEATH a. CITY <b>Sullivan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Union Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Union Twp.</b>	
c. LENGTH OF STAY (in this place) <b>2 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>3 mi. S. Green City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 3 mi S. Green City</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ross</b> b. (Middle) <b>Ethel</b> c. (Last) <b>Robinson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 3, 1957</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Dec. 13, 1895</b>		9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm home</b>	
11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Charles McCormick</b>		13b. MOTHER'S MAIDEN NAME <b>Janie Isabelle Burkhardt</b>		14. NAME OF HUSBAND OR WIFE <b>Raymond Robinson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Raymond Robinson, Green City, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Liver</b>				<b>6 months</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Metastasis from Carcinoma of Uterus</b>		<b>1 year</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 **March 8, 1947**, to **Jan 10, 1957**, that I last saw the deceased alive on **December 5, 1957**, and that death occurred at **8:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R.D. Smith Sr</b>		23b. ADDRESS <b>Green City, Missouri</b>		23c. DATE SIGNED <b>Jan 10, 1957</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 11, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Green City, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>1-14-57</b>		REGISTRAR'S SIGNATURE <b>Mrs. M.W. Beckett</b>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <b>Blum E. Heat &amp; Son, Green City, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5250

**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 .....  
Student Embalmer

Signed

*Karl R. Kent*

Licensed Embalmer No. *4689*

P. O. Address *Green City, Mo.*

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.