

FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3806

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>40 Yrs.</u>	c. CITY OR TOWN <u>St. Joseph</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. 3014 Locust St.</u>		e. STREET ADDRESS (If rural, give location) <u>3014 Locust, St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Maude</u>	b. (Middle)	c. (Last) <u>Robinson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18 1957</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 1-1887</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Music Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Teach Music</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Gower Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			

13a. FATHER'S NAME <u>N.G. Cummings</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Williams</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. E. Robinson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. E. Robinson</u>	ADDRESS <u>St. Joseph, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parkinsons Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>not known</u>		
	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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>350X</u>
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 1954, to 2/18, 1957, that I last saw the deceased alive on 2/17, 1957, and that death occurred at 10 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. Riemen M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>423 Main St. Joseph, Mo.</u>	23c. DATE SIGNED <u>2/20/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2/21/1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Allen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gower Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 25, 1957</u>	REGISTRAR'S SIGNATURE <u>Eather M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Murray</u>	ADDRESS <u>Gower Mo.</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 Me....., Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John H. Murray.....

Licensed Embalmer No. 2892

P. O. Address Gower

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.