

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 36685

BIRTH NO. _____ REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5782 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN RURAL-		c. CITY OR TOWN Brumley	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 43443		e. STREET ADDRESS (If rural, give location) 2mi-West-Brumley	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2mi-West-Brumley			

3. NAME OF DECEASED (Type or Print) Addie		a. (First) b. (Middle) c. (Last) BELL-Robinett		4. DATE OF DEATH (Month) (Day) (Year) Oct-8 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 19 MAY 1874		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY At-Home		11. BIRTHPLACE (City and State or Foreign Country) Miller-Co-Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME FRANK-Cooper		13b. MOTHER'S MAIDEN NAME SARAH Stewart		14. NAME OF HUSBAND OR WIFE Lee-Robinett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred-Robinett Latham Mo	

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) Cerebral Hemorrhage		ANTECEDENT CAUSES (b) arteriosclerosis		24 hrs	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Hypertensive arthritis		years	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				years	

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None 331X Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None	

22. I hereby certify that I attended the deceased from June 1950, to Oct 8, 1957, that I last saw the deceased alive on Oct 8, 1957, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.M. A. Gould DO		23b. ADDRESS Elberia Mo		23c. DATE SIGNED 10/9/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10 Oct - 1957		24c. NAME OF CEMETERY OR CREMATORY HAWKINS-	
				24d. LOCATION (City, town, or county) (State) Miller-Co-Mo	

DATE REC'D BY LOCAL REG. Oct. 13, 1957		REGISTRAR'S SIGNATURE James Perkins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Keith M. Kaye ELDON Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1957

Mrs Jessie Pentken

Olivia Mc

RECEIVED

OCT 28 '57

Miller County
Health Department

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

Keith M. Kaye

Licensed Embalmer No. *2998*

P. O. Address *Eldon*

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.