

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

44006

STATE FILE NUMBER

FILED DEC 31 1957

Registration District No. 118 Primary Registration District No. 4188 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <b>Owensville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Owensville 0370</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>			Length of stay in lb <b>lifetime</b>		d. STREET ADDRESS (If outside, give location) <b>302 N. First St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Henrietta</b> Last <b>Robison</b>				4. DATE OF DEATH Month <b>Dec.</b> Day <b>18,</b> Year <b>1957</b>				
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 3, 1883</b>		9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>Owensville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Charles Sassmann</b>			13b. MOTHER'S MAIDEN NAME <b>Henrietta Buchholz</b>		14. NAME OF HUSBAND OR WIFE <b>Francis Robison</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.	17. INFORMANT Address <b>Francis Robison Owensville, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma Descending Colon</b> DUE TO (b) <b>Widespread Metastases</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>153X</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 mos.</b>		
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 Hour _____ a.m. _____ p.m. Month, Day, Year _____								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>10-17-57</u> to <u>12-18-57</u> and last saw her <u>alive</u> on <u>12-16-57</u> Death occurred at <u>5 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Paula Brunel, M.D.</b> (Degree or title)				22b. ADDRESS <b>Owensville, Mo.</b>		22c. DATE SIGNED <b>12-20-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>12-21-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Peters E &amp; R Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Owensville, Mo.</b>				
24. FUNERAL DIRECTOR <b>Willard H. H. Winters</b>			ADDRESS <b>OWENSVILLE, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>December 21, 1957</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Marvin Jappmeyer</b>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

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STATEMENT BY LICENSED EMBALMER

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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 *Wilford H. Winters* .....

Licensed Embalmer No. *3828* .....

P. O. Address *OWENSVILLE* .....

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.