

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006821

STATE FILE NUMBER

FILED MAR 3 - 1958

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 41

health, Welfare, Public Service  
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 -56  
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION  
 Deceased - Retired for signature of wife.

|   |                                   |   |   |  |   |
|---|-----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>RANDOLPH</u>  |                                   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>MOBERLY</u>   |                                   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>TRIPLETT</u>   |  | Inside Limits<br><u>0240</u> No <input checked="" type="checkbox"/>                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>WOODLAND HOSP. 2 1/2 Days</u>   |                                   | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br><u>3 mile EAST TRIPLETT</u>  |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>FANNIE</u> Middle <u>MAE</u> Last <u>VIRTS</u>  |                                   |   | 4. DATE OF DEATH<br>Month <u>FEB.</u> Day <u>10</u> Year <u>1958</u>  |  |   |
| 5. SEX<br><u>FEMALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>SEPT. 3, 1899</u>  | 9. AGE (In years last birthday)<br><u>58</u> | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>         |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>TEACHING</u>  |                                   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>RETIRED TEACHER</u>   | 11. BIRTHPLACE (City and state or country)<br><u>WESTVILLE, MO.</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |
| 13. FATHER'S NAME<br><u>ROBERT FOX ROBINSON</u>   |                                   |   | 14. MOTHER'S MAIDEN NAME<br><u>REBECCA SUSAN FOX</u>  |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>   |                                   | 16. SOCIAL SECURITY NO. <u>NONE</u>   | 17. INFORMANT<br><u>HENRY O. VIRTS, TRIPLETT, MO.</u>   |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Respiratory Arrest</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Anesthesia? Surgery?</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) |                                   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 hours</u>                                    |
| 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<br>Hour _____<br>a. m. _____<br>p. m. _____   |                                   |   |   |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |                                   | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><u>8 Feb-58</u>  | 20f. CITY, TOWN, OR LOCATION<br><u>10 Feb 58</u>  |  | COUNTY<br><u>MO</u>   |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                   |   |   |  |   |
| 22a. SIGNATURE<br><u>Hawlett E Mo</u>   | (Degree or title)                 | 22b. ADDRESS<br><u>Moberly Mo</u>   |   | 22c. DATE SIGNED<br><u>19 Feb 58</u>         |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  | 23b. DATE<br><u>FEB. 12, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>MCCULLOUGH CEM.</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>TRIPLETT MISSOURI</u>   |  |   |
| 24. FUNERAL DIRECTOR<br><u>HEISEL FUNERAL HOME, BRUNSWICK MO</u>  |                                   | ADDRESS   | 25. DATE RECD. BY LOCAL REG.<br><u>2-10-58</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Sealwell</u> |   |

(Licensed Embalmer's Statement on Reverse Side)

MAR 12 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No. ....

working under my personal supervision..

Student.....

Signature of Student Embalmer

Signed... *William R. Koch*

Licensed Embalmer No. *47*

P. O. Address *Brunswick*

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.