

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

59-004751  
 State File No.

FILED MAR 16 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 91

3164

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson Mo.</u>	
c. LENGTH OF STAY (in this place) <u>8 wks.</u>		d. STREET ADDRESS (If rural, give location) <u>220 Morgan St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice Victoria</u> b. (Middle) _____ c. (Last) <u>Robinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 7-1959</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 1</u>	8. DATE OF BIRTH <u>June 1-1864</u>
9. AGE (In years) (last birthday) <u>94</u>		10. MONTHS <u>9</u>	11. DAYS <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Keeping House</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Peter Wills</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Ann Hinkle</u>		14. NAME OF HUSBAND OR WIFE <u>John R. Robinson</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'S SIGNATURE OR NAME <u>Ann Martin</u>		ADDRESS <u>St Louis Mo.</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epilepsy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 7 weeks</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</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 <u>Feb 15-59</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ruptured Aneurysm of Brain</u>	
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) <u>354X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		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 <u>July 1960</u> , to <u>March 7, 1959</u> , that I last saw the deceased alive on <u>March 7, 1959</u> , and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>D. G. L. [Signature]</u>		23b. ADDRESS <u>Jackson Mo.</u>	
23c. DATE SIGNED <u>3-9-59</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-9-1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Daisy Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Deneka Leird</u>	
25. ADDRESS <u>Jackson Mo.</u>		DATE REC'D BY LOCAL REG. <u>3-12-59</u>	
REGISTRAR'S SIGNATURE <u>Gene Kasten</u>		ADDRESS _____	

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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 R. O. Lind .....

Licensed Embalmer No. 4538 .....

P. O. Address Jackson, 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.