

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-024262

STATE FILE NUMBER

Registration District No. 213 Primary Registration District No. 3007 Registrar's No. 221

AMENDED

FILED AUG 9 1961

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Butler</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Poplar Bluff</b> |  | c. CITY OR TOWN <b>DONIPHAN</b>   |  |
| Length of stay in lb <b>6 days</b>   |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hospital</b>                          |  | d. STREET ADDRESS (If outside, give location) <b>103 JEFFERSON</b>  |  |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>        |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><b>FANNIE DOROTHY ROBINETT</b> |  |  | 4. DATE OF DEATH Month Day Year<br><b>July 17, 1961</b> |  |  |
|---|--|--|---|--|--|

|                         |                                  |   |                                     |                                  |   |                              |
|-------------------------|----------------------------------|---|-------------------------------------|----------------------------------|---|------------------------------|
| 5. SEX<br><b>Female</b> | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9-7-1880</b> | 9. AGE (last birthday) <b>80</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR<br>Hours Min. |
|-------------------------|----------------------------------|---|-------------------------------------|----------------------------------|---|------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b> | 11. BIRTHPLACE (City and state or country)<br><b>Ripley County, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b> |
|---|--|---|--|

|  |   |                             |
|--|---|-----------------------------|
| 13a. FATHER'S NAME<br><b>Jesse R. NORMAN</b> | 13b. MOTHER'S MAIDEN NAME<br><b>HANNAH BARKER</b> | 14. NAME OF HUSBAND OR WIFE |
|--|---|-----------------------------|

|   |  |   |
|---|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT Address<br><b>JANIE RUSSELL DONIPHAN, Mo.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |  | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) <b>Asphyxiation</b>   |  |  |
| DUE TO (b) <b>Cardiac Failure</b>   |  |  |
| DUE TO (c) <b>Acute lobar pneumonia</b>   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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 a.m. p.m. | Month, Day, Year |
|---------------------------------------|------------------|

|  |  |   |
|--|--|---|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 7-11-61 to 7-17-61 and last saw her live on 7-17-61  
Death occurred at 4:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.

|  |  |                                    |
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| 22a. SIGNATURE (Degree or title)<br><b>D. S. Markel M.D.</b> | 22b. ADDRESS<br><b>621 Pine Blvd., Poplar Bluff, Mo.</b> | 22c. DATE SIGNED<br><b>7-31-61</b> |
|--|--|------------------------------------|

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 23b. DATE<br><b>July 19, 1961</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>DONIPHAN CEMETERY DONIPHAN, MISSOURI</b> | 23d. LOCATION (City, town, or county) (State) |
|--|-----------------------------------|---|---|

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| 24. FUNERAL DIRECTOR ADDRESS<br><b>Edwards Funeral Home Doniphan, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>8-2-1961</b> | 26. REGISTRAR'S SIGNATURE<br><b>Helma Graham</b> |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

AUG 10 1961

**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 Gene Harsent

Licensed Embalmer No. 4809

P. O. Address Naylor, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.