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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 14 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24627

Registration District No. 160 | Primary Registration District No. 5592 | Registrar's No. 59

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Herculaneum
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson 50

(c) City or town Herculaneum, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Cecelia Ann Robison

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Bradford Robison

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept., 15, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	10	15	hr. min.

9. Birthplace Duquoin Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown /
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Moore /
(b) Address Herculaneum, Mo.

17. (a) Burial (b) Date thereof 8/1/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herculaneum, Mo.

18. (a) Signature of funeral director H. Wingard
(b) Address Festus, Mo.

19. (a) Aug 2 1947 (b) Clara Belleville
(Date received local registrar) (Registrar's signature) 1117

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30,
year 1947 hour 1:50 minute A M.

21. I hereby certify that I attended the deceased from Jan 6, 1947 to July 30 1947;
that I last saw her alive on July 29 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure ~~[illegible]~~ due to auricular fibrillation	8 Day
Due to Arteriosclerosis c̄ Hypertension	6-7 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Mo
Of autopsy Mon

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature D. E. Senn (M. D. or other) MW
Address Herculaneum, Mo. Date signed 7/31/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
AUG 13 1947
Date Filed

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 Donald H. Vunyard Registered Apprentice No. 71 working under my personal supervision.

Signed H S Vunyard

Licensed Embalmer No. 8010

P. O. Address Fresno

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.