V.S. No. 300
Rev. 10.48

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

FILED JAN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): /
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 508 E. McPherson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: West Virginia
b. COUNTY: Logan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Logan
d. STREET ADDRESS (If rural, give location): 2

3. NAME OF DECEASED (Type or Print)
a. (First): Violet
b. (Middle): Hope
c. (Last): Robinson

4. DATE OF DEATH (Month) Jan. (Day) 4 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 18, 1914
9. AGE (In years last birthday): 34
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cass, West Virginia
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Robert K. Wiley
13b. MOTHER'S MAIDEN NAME: Blanche R. Redding
14. NAME OF HUSBAND OR WIFE: Eugene Franklin Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Eugene F. Robinson, Kirksville, Mo

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) Congestive Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 6 Weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic heart disease — 27 Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ 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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 2

22. *I hereby certify that I attended the deceased from* Nov 29, 1948, *to* Jan 4, 19 9, *that I last saw the deceased alive on* Jan 4, 1949, *and that death occurred at* 4:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. T. Rhoads, D.O.
23b. ADDRESS: Kirksville, Mo
23c. DATE SIGNED: 1-4-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1/4/49
24c. NAME OF CEMETERY OR CREMATORY: Logan Memorial Park
24d. LOCATION (City, town, or county) (State): Logan West Virginia

DATE REC'D BY LOCAL REG.: 1-4-49
REGISTRAR'S SIGNATURE: Nate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Paul W. Riley, Kirksville, Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 3 1958

RECEIVED
District Health Officer No. 10
District File Number 1492
JAN 10 1949

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 Roy H. Mercer
Licensed Embalmer No. 4432
P. O. Address Kirksville, 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.