

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34528

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. H357 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>NEW Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NEW Madrid</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MARSTON</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO</u>			
3. NAME OF DECEASED a. (First) <u>MARY</u>		b. (Middle) <u>ALICE</u>	
		c. (Last) <u>WILLIAMS.</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>OCT-14-1949</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 4, 1865</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>CRANDOWER Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JAMES ROBINSON</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MATTINGLY</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>	
17. INFORMANT'S SIGNATURE OR NAME _____		ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branchoepneumonia.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____		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>Aug. 12</u> , 19 <u>47</u> , to <u>Oct 14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct 13</u> , 19 <u>49</u> , and that death occurred at <u>2 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Claude M. Roman</u> (Degree or title) _____		23b. ADDRESS <u>Registrar</u>	
23c. DATE SIGNED <u>Oct 29-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct 15-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MOUNDS</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR NEW Madrid MO.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 7 1949</u>		REGISTRAR'S SIGNATURE <u>H. S. Bondu Deputy</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards</u>		ADDRESS <u>Und't. Co. NEW Madrid</u>	

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

RECEIVED NOV 9 19
District Health Office No.
District File Number 1149-1
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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed L. D. Hedgepeth

Signed _____
Student Embalmer

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.