

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33096**

BIRTH NO.		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>416 B</u>		Registrar's No. <u>94</u>		
1. PLACE OF DEATH a. COUNTY <u>DAVIESS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DAVIESS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>JAMESPORT</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>GALLATIEN</u>		OR TOWN <u>0310</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BAILY Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>RTO #5</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) <u>O.</u> c. (Last) <u>ROBINSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30, 1950</u>					
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct. 18, 1888</u>		9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 24 HRS. Days <u>10</u> Hours <u>10</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Lock Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
13a. FATHER'S NAME <u>GEO PARIS PEPPER</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA F PERRY</u>		14. NAME OF HUSBAND OR WIFE <u>HOWARD 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>Patrick J. Chiles</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushing injury to chest</u> DUE TO (c) <u>+ Possible skull fracture</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>45 min.</u> <u>45 min.</u> <u>HE 8:10</u> <u>10</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>031</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lock Springs - Daviess Co. Mo.</u>		21d. HOW DID INJURY OCCUR? <u>Automobile accident</u>		
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11:10<sup>PM</sup> Oct 30 - 1950</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Oct 30</u> , 19 <u>50</u> , to <u>Oct 30</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 30</u> , 19 <u>50</u> , and that death occurred at <u>11:05</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>J. B. Bailey</u>			23b. ADDRESS <u>Jamesport, Mo.</u>		23c. DATE SIGNED <u>10-31-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 1 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>JAMESPORT, ATRIUM</u>		24d. LOCATION (City, town, or county) (State) <u>JAMESPORT, MO</u>			
DATE REC'D BY LOCAL REG. <u>4/22/51</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis - Blackman - Trenton, Mo.</u>				



**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*J. Gordon Blackmer*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4602

P. O. Address Trenton, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.