

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1-107

0560

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

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>4284</u>		Registrar's No. <u>9</u>		
1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Belle, Mo.</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Belle</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cyrena</u>			b. (Middle) <u>Robinson</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>January 28, 1951</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>June 21, 1973</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>2</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 _____		11. BIRTHPLACE (State or foreign country) <u>Clark County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Calvin Chaves</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. William Harrison</u> ADDRESS <u>LaBelle, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebra Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH          <u>331x</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Dec 12, 1950</u> , to <u>Jan 23, 1951</u> , that I last saw the deceased alive on <u>Jan 23, 1951</u> , and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Dr. C.E. Todd M.D.</u> (Degree or title)				23b. ADDRESS <u>Williamstown, Mo</u>		23c. DATE SIGNED <u>1/24/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/25/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Deer Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Deer Ridge Near LaBelle, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1/27/51</u>		REGISTRAR'S SIGNATURE <u>P.W. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Decker</u>		ADDRESS <u>LaBelle, Mo.</u>		

1 MAR 30 1951

Received: 1-29-51  
DISTRICT HEALTH OFFICE #2  
District File Number 2-51-323  
Date Filed: FEB 6 1951

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 Meyer

.....  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed J. Collier Jr.

Licensed Embalmer No. 4328

P. O. Address Lobelle, 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.