

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15250
67

FILED APR 21 1951

BIRTH NO. 34677-51 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Scott</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. LENGTH OF STAY (In this place) <u>App. 3 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lilbourn</u> <u>0920</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Rt. # 1</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Girl</u> c. (Last) <u>Robinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 25, 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3-24-51</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min. <u>-</u> <u>-</u> <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Sikeston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>S.P. Robinson, Jr.</u>	13b. MOTHER'S MAIDEN NAME <u>Civilla Pauline Sandlin</u>	14. NAME OF HUSBAND OR WIFE <u>None Lilbourn, Mo</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>S.P. Robinson, Jr., Father</u>	ADDRESS <u>1</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Twinning</u> DUE TO (c) <u>WEAK at birth.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</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 <u>774X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from 3-25, 1951, to 3-25, 1951, that I last saw the deceased alive on 3-25, 1951, and that death occurred at 12:45 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>E.P. Urban</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Sikeston</u>	23c. DATE SIGNED <u>4-8-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 26 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Lilbourn, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-11-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Kuebler</u>	429	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home - Lilbourn, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 16 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 451-90

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 Homer L. Ponder.....

Licensed Embalmer No. 3367.....

P. O. Address Lilbourn, 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.