

FILED AUG 14 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 23540

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>516</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Laclede</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Laclede</u>		b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lebanon</u>		c. LENGTH OF STAY (in this place township) <u>3 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Phillipsburg Rural</u>		OR TOWN <u>0530</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace memorial</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route 9</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Bessie</u>	b. (Middle) <u>Maggie</u>	c. (Last) <u>Robinson</u>	(Month) <u>Aug</u>	(Day) <u>1</u>	(Year) <u>1951</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>May 2, 1899</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>29</u>	IF UNDER 11 MRS. Hours <u></u> Min. <u></u>	
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>Laclede Co. Mo. U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>John Winsley</u>		13b. MOTHER'S MAIDEN NAME <u>Rosie Weaver</u>		14. NAME OF HUSBAND OR WIFE <u>Lee Robinson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give unit or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lee Robinson</u>		ADDRESS <u>Phillipsburg Mo.</u>		
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Left Breast</u>		with <u>Generalized</u>		<u>24 May 1948</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>Metastasis</u>			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
		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>170X</u>				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>Feb 17, 1950</u> to <u>Aug 1, 1951</u> , that I last saw the deceased alive on <u>Aug 1, 1951</u> , and that death occurred at <u>4:59</u> a. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Karla Venturini M.D.</u> (Degree or title)				23b. ADDRESS <u>Lebanon, Mo. Knight Bldg</u>		23c. DATE SIGNED <u>8-3-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/2/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lanesome Hill cemetery near Phillipsburg, Mo.</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>8-6-1951</u>		REGISTRAR'S SIGNATURE <u>Hella L. Hlay</u> <u>424</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Holman</u> ADDRESS <u>Lebanon, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0532

AUG 11 1951

Received .....

Laclede County Health Unit

File No. 8-51-113

Date Filed AUG 13 1951

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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.....  
Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.