

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36800**
Registrar's No. **108**

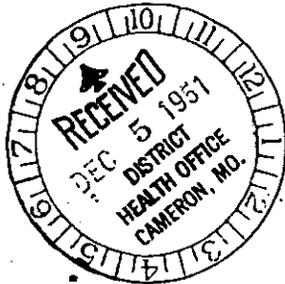
FILED DEC 6 1951

BIRTH NO.		REG. DIST. NO. 98		PRIMARY REG. DIST. NO. 4165		Registrar's No. 108			
1. PLACE OF DEATH a. COUNTY Daviess				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Daviess					
b. CITY (If outside corporate limits, write RURAL and give township) Gallatin		c. LENGTH OF STAY (in this place) Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Gallatin		1310			
d. FULL NAME OF HOSPITAL OR INSTITUTION ---				d. STREET ADDRESS (If rural, give location) ---					
3. NAME OF DECEASED (Type or Print) a. (First) Martha			b. (Middle) Etta		c. (Last) Robinson		4. DATE OF DEATH (Month) (Day) (Year) Nov. 27 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 20 1877			
9. AGE (In years last birthday) 74		10. MONTHS 1		11. DAYS 1		12. HOURS 1			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Daviess County Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John Nichols			13b. MOTHER'S MAIDEN NAME Belle Snyder		14. NAME OF HUSBAND OR WIFE Joseph C. Robinson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph C. Robinson, Gallatin, Mo.					
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) Cardio-vascular renal disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterial sclerosis, muscular atrophy 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X						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) m.		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 Oct 1 , 19 51 , to Nov 27 1951 that I last saw the deceased alive on Nov 29 , 19 51 , and that death occurred at 8P m., from the causes and on the date stated above.									
23a. SIGNATURE Wm Bailey				23b. ADDRESS Gallatin, Mo		23c. DATE SIGNED 12/1/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-29-1951		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		24d. LOCATION (City, town, or county) (State) Daviess Co. Missouri			
DATE REC'D BY LOCAL REG. 4 Dec. 1951		REGISTRAR'S SIGNATURE W. E. Ferguson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hope Funeral Home, Gallatin, Mo.					

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

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APR -1 1955

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 *L. O. Richardson*

Signed.....
Student Embalmer

Licensed Embalmer No. *3302*

P. O. Address *Gallatin, 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.