

FILED DEC 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38518
Registrar's No. 244

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6032

1. PLACE OF DEATH a. COUNTY RIPLEY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY RIPLEY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-DONIPHAN Rip		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-DONIPHAN 0910	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, DONIPHAN Rt #2		d. STREET ADDRESS (If rural, give location) DONIPHAN Rt #2	

3. NAME OF DECEASED (Type or Print) a. (First) HELEN b. (Middle) MARIE c. (Last) ROBISON			4. DATE OF DEATH (Month) (Day) (Year) NOV. 25, 1951		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NO	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH MARCH 14, 1948	
				9. AGE (In years last birthday) 3 if UNDER 1 YEAR Months 8 Days 11 if UNDER 12 HOURS Min.	
				11. BIRTHPLACE (State or foreign country) MO.	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME DOROTHY ROBISON		14. NAME OF HUSBAND OR WIFE Unknown	
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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) NO		16. SOCIAL SECURITY NO. ←		17. INFORMANT'S SIGNATURE OR NAME Ben Robison Doniphan, Mo.	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to a crisp			INTERVAL BETWEEN ONSET AND DEATH	
*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 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.			E 9160 16	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 091		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ripley MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June Nov 25 5:14		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Home burned	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS [Address]		23c. DATE SIGNED 11-30-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-27-51		24c. NAME OF CEMETERY OR CREMATORY Doniphan	
				24d. LOCATION (City, town, or county) (State) Doniphan, Mo.	

DATE REC'D BY LOCAL REG. 12-7-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	
				ADDRESS [Address]	

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

RECEIVED

DEC 10 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

Licensed Embalmer No.....

P. O. Address.....

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.