

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **415**

**FEB 11 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **46** PRIMARY REG. DIST. NO. **4065** Registrar's No. **4**

0130  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Caldwell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Caldwell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Polo</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Polo Mo 0130</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bessie</b> b. (Middle) <b>B.</b> c. (Last) <b>Robison</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 4 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 30 1872</b>	9. AGE (In years last birthday) <b>79</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Caldwell Co Mo</b>	12. CITIZEN OF WHAT COUNTRY
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY	

13a. FATHER'S NAME <b>Martin Wilson</b>	13b. MOTHER'S MARDEN NAME <b>Maria Parker</b>	14. NAME OF HUSBAND OR WIFE <b>E. A. Robison E. A.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Velma Wormalley</b>	ADDRESS <b>Polo Mo</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		DUE TO (b) <b>Coronary Arteriosclerosis</b> DUE TO (c) <b>Generalized Arteriosclerosis</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Diabetes mellitus</b> <b>Cerebral Thrombosis</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 1947**, to **Jan 28, 1952**, that I last saw the deceased alive on **Jan 27, 1952**, and that death occurred at **3:30 p. m.**, from the causes, and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. E. Gessler M.D.</b>	23b. ADDRESS <b>Braymer, Mo.</b>	23c. DATE SIGNED <b>1/31/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-2-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Prairie Ridge</b>	24d. LOCATION (City, town, or county) (State) <b>Packard Twp Mo</b>
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DATE REC'D BY LOCAL REG. <b>Feb 7-52</b>	REGISTRAR'S SIGNATURE <b>Gladys Jones</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Alspaigh + Cowley</b>	ADDRESS <b>Polo Mo</b>
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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

*Dean A. Alsbaugh*

Signed.....

Student Embalmer

Licensed Embalmer No. *2908*

P. O. Address *Pole 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.