No. 300
10.48

FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7544

BIRTH NO. _____ REG. DIST. NO. 40 PRIMARY REG. DIST. NO. 5142 Registrar's No. 113

1. PLACE OF DEATH
a. COUNTY: Butler 0120 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route #I Harviell Neely Twp.
c. LENGTH OF STAY (In this place): 57yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler 0120
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Nelly~~ Township Neely 0
d. STREET ADDRESS (If rural, give location): Route #I Harviell, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Minerva
b. (Middle): Ellen
c. (Last): Robinson

4. DATE OF DEATH (Month) (Day) (Year): 3/10/52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 6/29/1852
9. AGE (In years last birthday): 99 — IF UNDER 1 YEAR: Months 8, Days II — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HouseWife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown Robinson*
13b. MOTHER'S MAIDEN NAME: Melvina Sutton
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Catherin McKinley — **ADDRESS**: Rt.#I Harviell, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Decompensation — 24 hours
DUE TO (c) Arteriosclerosis — 4 years

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: 4500
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 2, 1952, *to* March 10, 1952 *that I last saw the deceased alive on* March 10, 1952, *and that death occurred at* 9:15 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Smith — (Degree or title): H.O.T.
23b. ADDRESS: Box 328, Neelyville, Mo.
23c. DATE SIGNED: 3-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial A
24b. DATE: 3/12/52
24c. NAME OF CEMETERY OR CREMATORY: Kinsie Cemetery
24d. LOCATION (City, town, or county) (State): Butler County, Missouri.

DATE REC'D BY LOCAL REG.: 3-10-52
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428-0
25. FUNERAL DIRECTOR'S SIGNATURE: Black's Mortuary — **ADDRESS**: Corning, Ark.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAR 18 1952
BUTLER CO. HEALTH CENTER
FILE No. 352-136

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 Roman J. Selig Jr.

Licensed Embalmer No. 562

P. O. Address Corning, Ark

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.