

No. 38
10. 48

FILED MAY 2 - 1952

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

4-26-52 15311
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6115 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston, Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural R.F. D. 1.</u>	
c. LENGTH OF STAY (in this place) <u>8 Mo</u>		1000 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, R. 1</u>		d. STREET ADDRESS (If rural, give location) <u>R. 1. Sikeston</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Millie</u>	b. (Middle) <u>—</u>	c. (Last) <u>Robinson</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>April</u> <u>22</u> <u>1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 15, 1897</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u>	IF UNDER 2 HRS. Hours <u>—</u> Min. <u>—</u>
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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 <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Vanndale, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U, S, A</u>
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13a. FATHER'S NAME <u>Lee Bradford</u>	13b. MOTHER'S MAIDEN NAME <u>Kisie Bradford</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie Robinson</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>XXXX</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessie Robinson Sikeston, R. L.</u>
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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 <u>1 Week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure, Aneurysm</u>		
	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.			

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) (Min.)	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 4-19, 1952, to 4-22, 1952, that I last saw the deceased alive on 4-22, 1952 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. J. Martin M.D.</u> (Degree or title)	23b. ADDRESS <u>Sikeston, Mo.</u>	23c. DATE SIGNED <u>4-23-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vanndale</u>	24d. LOCATION (City, town, or county) (State) <u>Vanndale Ark</u>
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DATE REC'D BY LOCAL REG. <u>4-24-52</u>	REGISTRAR'S SIGNATURE <u>Mr. Ella Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Smith</u> ADDRESS <u>8 Sikeston</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 28 1952

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 452-129

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. 4408

P. O. Address Linton, 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.