

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19048

State File No. _____

FILED JUN 13 1952

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 107

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>STODDARD</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u>		c. LENGTH OF STAY (in this place) <u>20 1/2 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ESSEX</u>		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. DELTA COMM. HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>RT # 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DENNIS</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>ROBEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 26, 1952</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>CHILD</u>	8. DATE OF BIRTH <u>MARCH 14, 1952</u>		9. AGE (In years last birthday) <u>—</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>11</u>	IF UNDER 12 HRS. Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (State or foreign country) <u>DEXTER, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>CLAUDE ROBEY</u>			13b. MOTHER'S MAIDEN NAME <u>MAXINE TILLIE</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-----</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CLAUDE ROBEY ESSEX, MO. R.C.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - bronchial</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u> ANTECEDENT CAUSES <u>-----</u> DUE TO (b) <u>-----</u> DUE TO (c) <u>-----</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-----</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>1.</u>			
22. I hereby certify that I attended the deceased from <u>5/26</u> , 19 <u>52</u> , to <u>5/26</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5-26</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. N. Urban, M.D.</u> (Degree or title)				23b. ADDRESS <u>Si'keston</u>		23c. DATE SIGNED <u>5/29/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>5-27-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Travel Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Bloomfield Mo. R. 3</u>		
DATE REC'D BY LOCAL REG. <u>6-4-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Olla Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wathens Funeral Ser. Bloomfield Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 6/8/52
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 652-166

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.....
Student Embalmer

Signed Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.