

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39562**

FILED DEC 5 1952

BIRTH NO. _____		REG. DIST. NO. 236		PRIMARY REG. DIST. NO. 5818		Registrar's No. 41			
1. PLACE OF DEATH a. COUNTY Morgan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Osage Township		c. LENGTH OF STAY (In this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Osage Township		0710 D			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Mi. No. of Gravois Mills				d. STREET ADDRESS (If rural, give location) 2 Miles N. of Gravois Mills					
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ann c. (Last) Robinson			4. DATE OF DEATH (Month) (Day) (Year) Nov 27, 1952						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH (Month) (Day) (Year) Nov 22, 1872			
9. AGE (In years) (Month) (Day) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY J		11. BIRTHPLACE (City and State or Foreign Country) Pulaski County, Mo.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Hull			13b. MOTHER'S MAIDEN NAME Sarah (Unknown) Hull			14. NAME OF HUSBAND OR WIFE Wm. Robinson			
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. None			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Daniel Robinson Kansas City, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH One week 6 Mo. years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 11-14 19 52 , to 11-27 , 19 52 , that I last saw the deceased alive on 11-26 , 19 52 , and that death occurred at 6:30 am , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. L. Washburn M.D.				23b. ADDRESS Versailles, Mo.		23c. DATE SIGNED 12/1/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 29-52		24c. NAME OF CEMETERY OR CREMATORY Jay Cemetery		24d. LOCATION (City, town, or county) (State) Morgan County, Mo.			
DATE REC'D BY LOCAL REG. Dec 1-1952		REGISTRAR'S SIGNATURE J. L. Washburn M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. F. Kinsley - Versailles, Mo.					
Per Geo. C. Caldwell, Deputy (Licensed Embalmer - Statement on Reverse Side)									

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

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 Paul V. Dartman

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.