

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38573**

| | | | | | | | | |
|--|--|---|--|--|--|---|---|--|
| BIRTH NO. FILED DEC 15 1953 | | REG. DIST. NO. 75 | | PRIMARY REG. DIST. NO. 3015 | | Registrar's No. 101 | | |
| 1. PLACE OF DEATH a. COUNTY Clinton | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo b. COUNTY DeKalb | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron | | c. LENGTH OF STAY (If in this place) 6, Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksdale 0320 | | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cameron Hospital | | | | d. STREET ADDRESS (If rural, give location) / | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) May c. (Last) Robison | | | 4. DATE OF DEATH (Month) (Day) (Year) 12-5-53 | | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH May-5-1870 | | |
| 9. AGE (In years last birthday) 83 | | IF UNDER 1 YEAR Months 7 | | IF UNDER 1 YEAR Days | | IF UNDER 1 HRS. Hours 12 Mts. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (City and State or Foreign Country) Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME William Cook | | | 13b. MOTHER'S MAIDEN NAME Hannah Helt | | | 14. NAME OF HUSBAND OR WIFE None | | |
| 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. XXXXXX | | 17. INFORMANT'S SIGNATURE OR NAME Clay Carrel ADDRESS Clarksdale 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic Heart Disease 10 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure 2 yrs DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4200 | | | | | 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) | | 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 June 1, 1953 , to Dec 5, 1953 , that I last saw the deceased alive on Dec 3, 1953 , and that death occurred at 7 P.M. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) James H. Switzer, M.D. | | | | 23b. ADDRESS Maconville Mo | | 23c. DATE SIGNED 12-10-53 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12-7-53 | | 24c. NAME OF CEMETERY OR CREMATORY Bethel | | 24d. LOCATION (City, town, or county) (State) Cozby Mo | | |
| DATE REC'D BY LOCAL REG. 12-12-53 | | REGISTRAR'S SIGNATURE Winifred W. Moser 340-0 | | 25. FUNERAL DIRECTOR'S SIGNATURE John Brown | | ADDRESS Mayville Mo | | |

(Licensed Embalmer's Statement on Reverse Side)

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

02510

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 John Brown

Licensed Embalmer No. 3933

P. O. Address Wayville, 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.