

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **3779**
 BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. **367** PRIMARY REG. DIST. NO. **6134** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY <b>Warren</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Elkhorn</b>		c. LENGTH OF STAY (In this place) <b>1090</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Elkhorn Twp</b>		<b>1090</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 mi East of Warrenton</b>			d. STREET ADDRESS (If rural, give location) <b>3 mi East of Warrenton</b>		
3. NAME OF DECEASED (Type or Print) <b>Mollie</b>		a. (First)	b. (Middle)	c. (Last) <b>Robison</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb I 1954</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Sept 15 1879</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (State or foreign country) <b>Warren CO MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S</b>	
13a. FATHER'S NAME <b>Robert Symes</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Monroe</b>		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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Albert Symes 2338 Cole St Louis Mo</b>		
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) <b>Chronic myocarditis &amp; arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>none</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Heart Disease</b>				
	DUE TO (c) <b>Carcinoma of Intestine</b>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senile Dementia</b>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>174X</b>				20. AUTOPSY? YES <input type="checkbox"/> - NO <input 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 <b>Jan 9 1954</b> , to <b>Feb 1 1954</b> , that I last saw the deceased alive on <b>Jan 1 1954</b> , and that death occurred at <b>3:50 pm</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Harold W. Robison M.D.</b>			23b. ADDRESS <b>Warrenton Mo</b>		23c. DATE SIGNED <b>2-4-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 4 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wesley Chapel Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Wright City MO</b>		
DATE REC'D BY LOCAL REG. <b>2-4-54</b>	REGISTRAR'S SIGNATURE <b>Lloyd Logan</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Nieburg furn &amp; Und Co Wright city Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

1090

**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, ~~X~~ *X*.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Julius J. Hilburg*.....  
Licensed Embalmer No. *3366*.....

P. O. Address *Wright City, 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.