

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23713

BIRTH NO.		REG. DIST. NO. 213		PRIMARY REG. DIST. NO. 5781		Registrar's No. 954	
1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Glaize twp		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN Brumley		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				e. STREET ADDRESS (If rural, give location) R.R. 1			
3. NAME OF DECEASED (Type or Print) a. (First) Phoebe b. (Middle) Ann c. (Last) Robinett			4. DATE OF DEATH (Month) (Day) (Year) July 16, 1954				
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Nov. 14, 1894		9. AGE (In years last birthday) 59	if UNDER 1 YEAR Months Days	if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Miller County Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel Robinett			13b. MOTHER'S MAIDEN NAME Kathryn Phillips		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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jane Ash Brumley, 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) BRONCHIAL PNEUMONIA INTERVAL BETWEEN ONSET AND DEATH 3 DAYS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CONGESTIVE HEART FAILURE YEARS DUE TO (c) MYOCARDITIS 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"/>	
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?			
22. I hereby certify that I attended the deceased from July, 1951, to July, 1954, that I last saw the deceased alive on July 16, 1954, and that death occurred at 6:45 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. S. Humphreys, D.O.				23b. ADDRESS 214 Columbia, Mo.		23c. DATE SIGNED 7-20-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/18/54	24c. NAME OF CEMETERY OR CREMATORY Robinett		24d. LOCATION (City, town, or county) (State) Brumley, Missouri		
DATE REC'D BY LOCAL REG. July 23, 1954		REGISTRAR'S SIGNATURE Mrs. C. R. Humphreys		25. EMBALMER'S SIGNATURE (Name) Hedges ADDRESS Hedges Funeral Homes Inc Iberia, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0666

0666

MISSOURI  
DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH  
ST. LOUIS, MO.

AUG 2 1955

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.....  
Signature of Student Embalmer

Signed... *Walter P. Huges* .....

Licensed Embalmer No. *4265* .....

P. O. Address *Shrew, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.