

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36177

FILED NOV 9 - 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 191

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	c. LENGTH OF STAY (in this place) <u>10 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>0912</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lou</u> b. (Middle) <u>Ella</u> c. (Last) <u>Robinson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 5 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>Divorced</u>	8. DATE OF BIRTH <u>March 14-1882</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>21</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attendant at the State School</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>State School</u>	11. BIRTHPLACE (State or foreign country) <u>Callaway Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Wm Fred</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Harvey</u>	14. NAME OF HUSBAND OR WIFE <u></u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>495-36-6006</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss W. F Fowler</u>	ADDRESS <u>Slater Mo</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anuria + Cardiac Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis of Liver</u>		<u>1 yr.</u>
	DUE TO (c) <u>Diabetic Mellitus 585X</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Large stone in Common Duct</u> <u>Chronic cholecystitis</u>			<u>several years</u>

19a. DATE OF OPERATION <u>11/3/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Chr. Cholecystitis, Large stone Common Duct</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Slater Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from Sept 1949, to Nov 5, 1954, that I last saw the deceased alive on Nov 5, 1954, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>O. U. McBurney, M.D.</u>	23b. ADDRESS <u>Slater, Mo.</u>	23c. DATE SIGNED <u>11/5/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-6-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Slater City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Slater Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-6-54</u>	REGISTRAR'S SIGNATURE <u>Ridney E. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hill Brothers</u>	ADDRESS <u>Slater Mo</u>
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MAY 2 1955

MAY 10 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 .....  
Student Embalmer

Signed Sam M Hill

Licensed Embalmer No. 1292

P. O. Address State 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.