No. 300
10.48

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

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12661

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 119

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL
c. LENGTH OF STAY (In this place): 6 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ELIZABETH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SHELBY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HUNNEWELL
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): a. (First) CORNELIA b. (Middle) MOON c. (Last) ROBISON

4. DATE OF DEATH (Month) (Day) (Year): 4-20-1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 2/20/1861
9. AGE (In years last birthday): 94 — If under 1 year: Months 2, Days 0 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: MILTON MOON
13b. MOTHER'S MAIDEN NAME: LUCETTA YAEGER
14. NAME OF HUSBAND OR WIFE: WALTER S. ROBISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: MINNIE ROBISON — **ADDRESS**: SPRINGFIELD ILL

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 9 years
DUE TO (c)

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 ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-14-55, 19___, *to* 4-20-55, 19___, *that I last saw the deceased alive on* 4-20-55, 19___, *and that death occurred at* 9:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. D.
23b. ADDRESS: 100 N. Sixth, Hannibal, Mo.
23c. DATE SIGNED: 4-25-55

24a. BURIAL, CREMATION REMOVAL (Specify): BURIAL
24b. DATE: 4/29/1955
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
24d. LOCATION (City, town, or county) (State): SHELBYVILLE Mo.

DATE REC'D BY LOCAL REG.: 4-26-55
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. C. Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: Harold Garner — **ADDRESS**: Monroe City

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 29 1955
MARION CO. HEALTH DEPT.
DATE FILED APR 29 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed [illegible]

Signed.....
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Monroe City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.