

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15988

State File No. 15988

94

FILED JUN 7 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5719 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>Beverly Rural</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Beverly</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>Rural #2 0610</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Kitty</u>	b. (Middle) <u>V. Samuel</u>	c. (Last) <u>ROBINSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-21-55</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>9-7-76</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Hawick, Cape Cod Mass</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Martin S. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Kitty V. Samuel</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Miss John Russell K C Mo</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>4/200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 5-1-1955, to 5-21, 1955, that I last saw the deceased alive on 5-20, 1955, and that death occurred at 5 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chubey L. Rinsland</u> (Degree or title)	23b. ADDRESS <u>Macon</u>	23c. DATE SIGNED <u>5-25-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6/23-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Oakwood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Beverly Mo</u>
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DATE REC'D BY LOCAL REG. <u>5/30/55</u>	REGISTRAR'S SIGNATURE <u>Arthur M. Neely</u> 1894	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. E. Edwards</u>	ADDRESS <u>Beverly Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48  
10  
1

RECEIVED 6.4.55  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 6.55.84  
Date Filed 6.6.55

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 *H. E. Edwards*.....

Licensed Embalmer No. 196

P. O. Address *Brewer*.....

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.