

FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27331**

BIRTH NO. _____ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **4450** Registrar's No. **553**

0910

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

1. PLACE OF DEATH a. COUNTY RIPLEY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY RIPLEY	
b. CITY (If outside corporate limits, write RURAL and give town) DONIPHAN		c. CITY OR TOWN DONIPHAN	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 201 Vine			
e. STREET ADDRESS (If rural, give location) 201 VINE			

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3. NAME OF DECEASED (Type or Print) a. (First) PEARL b. (Middle) ROBINSON c. (Last) ROBINSON			4. DATE OF DEATH (Month) (Day) (Year) August 14 - 1955		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 8 - 1879		9. AGE (In years last birthday) 76 1 6		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and State or Foreign Country) Louisville - Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME William N. Bandy		13b. MOTHER'S MAIDEN NAME OPHELIA BOARD		14. NAME OF HUSBAND OR WIFE ARTHUR ROBINSON	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ARTHUR ROBINSON - Doniphan, 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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH. 30 minutes	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis		Unknown	
DUE TO (c) 4201		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic parenchymatous Nephritis			

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)		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 **7-11**, 19**55**, to **7-14**, 19**55**, that I last saw the deceased alive on **7-14**, 19**55**, and that death occurred at **8:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jenny R. Rosy, D.O.		23b. ADDRESS Wion, Grand - Doniphan, Mo.		23c. DATE SIGNED 8-17-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/17/1955		24c. NAME OF CEMETERY OR CREMATORY DONIPHAN CEM.	
24d. LOCATION (City, town, or county) (State) DONIPHAN - Mo.		DATE REC'D BY LOCAL REG. 8-17-55		REGISTRAR'S SIGNATURE [Signature] ADDRESS EDWARDS FUNERAL HOME	

(Licensed Embalmer's Statement on Reverse Side) **DONIPHAN - Mo.**

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 *Gene H. Harris*.....

Licensed Embalmer No. *489*.....

P. O. Address *Doniph*.....

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.

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