

FILED NOV 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33878**

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. ~~170~~ Registrar's No. **170**

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		c. CITY OR TOWN Lebanon	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 days		e. STREET ADDRESS (If rural, give location) Plato Star Route	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Amanda b. (Middle) Catherine c. (Last) Robinson			4. DATE OF DEATH (Month) (Day) (Year) October 18, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 21, 1879	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Days 27 Hours 05 Mins. 30
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 (City and State or Foreign Country) near Competition, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Van Stavern	13b. MOTHER'S MAIDEN NAME Roberta Thompson	14. NAME OF HUSBAND OR WIFE Warren E. Robinson
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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) no	16. SOCIAL SECURITY NO. DOES	17. INFORMANT'S SIGNATURE OR NAME Warren E. Robinson ADDRESS Lebanon, Missouri
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertensive vascular disease 15 yrs		
	DUE TO (c) Nephritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 446X			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____	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 **1953**, to **10/19/55**, 19 ~~53~~ that I last saw the deceased alive on **10/19/55** and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. E. Robinson, MD (Degree or title)	23b. ADDRESS Lebanon, MO	23c. DATE SIGNED 10/20/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/18/55	24c. NAME OF CEMETERY OR CREMATORY Mc Bride Cemetery	24d. LOCATION (City, town, or county) (State) Laclede County, Missouri
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DATE REC'D BY LOCAL REG. 10-22-1955	REGISTRAR'S SIGNATURE Blanche S. May 424	25. FUNERAL DIRECTOR'S SIGNATURE Holman Funeral Home ADDRESS Lebanon, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 10-31-55

Laclede County Health Unit

File No. 170

Date Filed 10-31-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 42

P. O. Address Lebanon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.