

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20378

BIRTH NO. _____		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 4234		Registrar's No. 55		
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Missouri b. COUNTY Madison				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton		c. LENGTH OF STAY (In this place) 4 days		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Mary's of the Ozarks				e. STREET ADDRESS (If rural, give location) 1 mile east of Roselle				
3. NAME OF DECEASED (Type or Print) a. (First) ELSIE			b. (Middle) AUDLEY		c. (Last) ROBBS		4. DATE OF DEATH June 12, 1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 15, 1894		9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 11 Days 27	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 own home		11. BIRTHPLACE (City and State or Foreign Country) Madison county, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Ulysses Matthews		13b. MOTHER'S MAIDEN NAME Isla Della Pogue		14. NAME OF HUSBAND OR WIFE Charles Robbs				
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Charles Robbs, Fredericktown, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute uremic poisoning				DUE TO (b) gastric hemorrhage				4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)				4 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				8880				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 14				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Roselle Madison Mo.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-9-56 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? took roach powder by mistake				
22. I hereby certify that I attended the deceased from 6-9, 1956, to 6-12, 1956, that I last saw the deceased alive on 6-12, 1956, and that death occurred at 9:30P m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) R. E. Farland, M.D.				23b. ADDRESS Ironton, Mo.		23c. DATE SIGNED 6/18/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/15/56	24c. NAME OF CEMETERY OR CREMATORY Graniteview Cemetery		24d. LOCATION (City, town, or county) (State) Roselle, Mo.			
DATE REC'D BY LOCAL REG. 6-19-56		REGISTRAR'S SIGNATURE Mrs. Avis Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home Ironton, Mo. <i>Audrey White</i>				

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

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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 *Arnold J. White*.....

Licensed Embalmer No. 3012.....

P. O. Address Ironton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.