

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32859**

BIRTH NO. _____ REG. DIST. NO. **328** PRIMARY REG. DIST. NO. **6118** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give town or township) Perkins		c. CITY OR TOWN Perkins	
c. LENGTH OF STAY (In this place) 2 1/2		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 At Home Perkins, Mo.		e. STREET ADDRESS (If rural, give location) 1000	

3. NAME OF DECEASED (Type or Print)	a. (First) Audrey	b. (Middle)	c. (Last) Robinson	4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Feb. 7, 1899	9. AGE (In years last birthday) 57	# UNDER 1 YEAR Months Days	# UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charlie Hargreaves	13b. MOTHER'S MAIDEN NAME Sarah Arnold	14. NAME OF HUSBAND OR PARTNER Charles S. 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. NONE	17. INFORMANT'S SIGNATURE OR NAME Charles Herbert Robinson	ADDRESS Perkins
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic pyelonephritis		
	DUE TO (c) Diabetes Mellitus		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation		8-7-56

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 260X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Feb 10, 1956**, to **8-7, 1956**, that I last saw the deceased alive on **5-26, 1956**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Charles H. Hargreaves M.D.	23b. ADDRESS 247 N. Spring Capital Building	23c. DATE SIGNED 9-10-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/9/56	24c. NAME OF CEMETERY OR CREMATORY MORGAN MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) Advance, Missouri
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DATE REC'D BY LOCAL REG. 9-15-56	REGISTRAR'S SIGNATURE Mustard Brazhnikoff	25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Morgan	ADDRESS Advance, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

44 57

DATE RECEIVED SEP 17 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 956-195

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..... *Wm H Morgan*

Licensed Embalmer No. *4640*

P. O. Address *Adw...*

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.