

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1957

State File No.

FILED FEB 11 1957

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>5759</u>		Registrar's No. <u>3</u>		
1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Maries				
b. CITY (If outside corporate limits, write RURAL and give township) Rural Spring Creek Twp.		c. LENGTH OF STAY (in this place) 12 Yrs		c. CITY OR TOWN Vichy Mo.		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) Vichy, Mo. Rt. 1. <u>0630</u>				
3. NAME OF DECEASED (Type or Print) a. (First) Ernestine b. (Middle) Augusta c. (Last) Robbins			4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1957.					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 26, 1884.		
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 1 Days 5		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 Housekeeping		11. BIRTHPLACE (City and State or Foreign Country) Quincy, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Benjamin Boardman			13b. MOTHER'S MAIDEN NAME Laura Minder			14. NAME OF HUSBAND OR WIFE. Arthur Robbins		
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 Arthur Robbins, Vichy, Mo. Rt. 1.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Hypertension DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH Instant Years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					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) (Min)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 a. m. , from the causes and on the date stated above.								
25a. SIGNATURE <i>McBirmingham</i> (Degree or title) Coroner				23b. ADDRESS Vienna, Missouri		23c. DATE SIGNED 2-2-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/4/57		24c. NAME OF CEMETERY OR CREMATORY Woodland Cemetery		24d. LOCATION (City, town, or county) (State) Quincy, Ill.		
DATE REC'D BY LOCAL REG. 2-2-57		REGISTRAR'S SIGNATURE <i>Pauline Howard</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>McBirmingham</i> Vienna, Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

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FEB 11 1957

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 *M. C. Cunningham*.....

Licensed Embalmer No. 366.....

P. O. Address *Remma*.....

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.