

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5407**

FILED MAR 5 1957

BIRTH NO. _____ REG. DIST. NO. **121** PRIMARY REG. DIST. NO. **4293** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a: STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsberry	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ELS BERRY	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION 421 N. SECOND		e. STREET ADDRESS (If rural, give location) 421 N. SECOND ST.	

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) VIRGINIA ROBINSON	c. (Last) DAVIS	4. DATE OF DEATH (Month) (Day) (Year) FEB. 19, 1957
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 1, 1873	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	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) PIKE COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JAS. W. SMITH	13b. MOTHER'S MAIDEN NAME TALIAHA WATTS	14. NAME OF HUSBAND OR WIFE DECEASED - C.T.
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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 Albert L. ROBINSON	ADDRESS FENTON, Mo.
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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, 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) Arteriosclerotic Heart Disease 3 years		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) 4200 (COUNTY) (STATE) 2
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 **Sept 20, 1954** to **Feb. 19, 1957**, that I last saw the deceased alive on **Feb 19, 1957**, and that death occurred at **8:21 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert M. Helled	23b. ADDRESS Elsberry, Mo.	23c. DATE SIGNED Feb 20, 57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 21, 1957	24c. NAME OF CEMETERY OR CREMATORY Elsberry City	24d. LOCATION (City, town, or county) (State) Elsberry, Mo.
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DATE REC'D BY LOCAL REG. 3/1/57	REGISTRAR'S SIGNATURE Mrs. Clarence Kinty	FUNERAL DIRECTOR'S SIGNATURE Garland Richards	ADDRESS Elsberry, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 13 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 

Licensed Embalmer No. 401

P. O. Address *Elsherry*

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.