Health, Welfare Public Service

300 1-56

FILED MAR 20 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9137

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 4244 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARTERVILLE — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 122 EAST HALL — Length of stay in 1b 50 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN CARTERVILLE 0490 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 122 EAST HALL (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) — First: EFFIE Middle: SHARON Last: ROBINSON
4. DATE OF DEATH — Month 3 Day 7 Year 1957
5. SEX FEMALE 1
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 2
8. DATE OF BIRTH JULY 5 1880
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR: Months 8 Days 2 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC
11. BIRTHPLACE (City and state or country) MATOON ILL 1
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME CHARLES WARNAR
14. MOTHER'S MAIDEN NAME ANNIE MICHEAL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 562-34-8623
17. INFORMANT WALLACE ROBINSON Address WEBB CITY, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH 35 Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac insufficiency — 4 Months
DUE TO (c) Hypertensive cardiovascular disease — unknown.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 443X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 10-14-46 to 3-7-57 and last saw her/him alive on 3-7-57
Death occurred at 6:45 AM m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE J M Ferguson (Degree or title) MD 0
22b. ADDRESS Webb City Mo
22c. DATE SIGNED 3/9/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 3/9/1957
23c. NAME OF CEMETERY OR CREMATORY MT HOPE CEMETERY
23d. LOCATION (City, town, or county) Webb City (State) MO
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME ADDRESS WEBB CITY, MO
25. DATE RECD. BY LOCAL REG. 3-10-57
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

County File Number 57-3-223
Date Filed MAR 18 1957

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 Richard Gray Lew

Licensed Embalmer No. 440

P. O. Address Webb City

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.