

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 022076
State File No.

BIRTH NO. 41357-57 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY Pemiscott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscott	
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN) Wardell, Missouri		c. CITY OR TOWN Wardell (Little River)	
c. LENGTH OF STAY (in this place) 1 Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			
f. STREET ADDRESS 0780 (If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) Geraldine b. (Middle) (None) c. (Last) Robinson			4. DATE OF DEATH (Month) (Day) (Year) 7 6 1957		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	
8. DATE OF BIRTH May 31, 1957		9. AGE (In years last birthday) 0 7		IF UNDER 1 YEAR Months 11 Days 5 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Wardell, Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Vernia Robinson		13b. MOTHER'S MAIDEN NAME Alberta Hargett		14. NAME OF HUSBAND OR WIFE None	
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 Vernia Robinson ADDRESS Wardell, Missouri	

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia Left Lung?				INTERVAL BETWEEN ONSET AND DEATH 4 days
		ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 490x			20. AUTOPSY? 2 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)		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 July 3, 1957, to July 6, 1957, that I last saw the deceased alive on July 6, 1957 and that death occurred at 6 AM from the causes and on the date stated above.

23a. SIGNATURE *[Signature]* (Degree or title) 23b. ADDRESS **Gideon Mo.** 23c. DATE SIGNED **July 6/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7-7-1957** 24c. NAME OF CEMETERY OR CREMATORY **Wardell Cemetery** 24d. LOCATION (City, town, or county) (State) **Wardell, Missouri**

DATE REC'D BY LOCAL REG. **7-9-57** REGISTRAR'S SIGNATURE *[Signature]* 25. FUNERAL DIRECTOR'S SIGNATURE *[Signature]* ADDRESS *[Address]*
(Licensed Embalmer's Statement on Reverse Side)

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

7-198-57

JUL 10 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *Floyd Russell*

Licensed Embalmer No. *509*

P. O. Address *Diapott, La*

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.