

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUL 26 1957 - STANDARD CERTIFICATE OF DEATH

State File No. **27195**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **391** PRIMARY REG. DIST. NO. **6153** Registrar's No. **17**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Stoddard</b>   |  | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death)<br>a. STATE <b>Arkansas</b> b. COUNTY <b>Pope</b> |                                   |
| b. CITY (if outside corporate limits, write RURAL and give OR TOWN <b>Rural Pike</b> )   |  | c. LENGTH OF STAY (in this place)   | c. CITY OR TOWN <b>Pottsville</b> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Died at Daughters home</b> |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                                   |
| e. STREET ADDRESS (If rural, give location)  |  | <b>300<sup>0</sup> 8</b>  |                                   |

|  |                               |   |  |   |  |
|--|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print)  |                               |   | 4. DATE OF DEATH   |   |  |
| a. (First) <b>MARGARETTE</b>   | b. (Middle) <b>IMOGENE</b>    | c. (Last) <b>OATES</b>  | (Month) <b>May</b>   | (Day) <b>6</b>                            | (Year) <b>1957</b>                             |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b> | 8. DATE OF BIRTH <b>Feb. 8, 1894</b>                               | 9. AGE (In years last birthday) <b>63</b> | IF UNDER 1 YEAR Months <b>2</b> Days <b>28</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>                        | 11. BIRTHPLACE (City and State or Foreign Country) <b>Arkansas</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>        |

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <b>Thomas M. Robinson</b> | 13b. MOTHER'S MAIDEN NAME <b>Matilda Jane Hansord</b> | 14. NAME OF HUSBAND OR WIFE <b>Deceased</b> |
|--|---|---|

|   |                                     |   |                    |
|---|-------------------------------------|---|--------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Thomas K. Eakin, Bell City, Mo.</b> | ADDRESS <b>RFD</b> |
|---|-------------------------------------|---|--------------------|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>   |  | INTERVAL BETWEEN ONSET AND DEATH <b>20 min</b> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|------------------------|----------------------------------|--|

|   |  |   |
|---|--|---|
| 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 (Month) (Day) (Year) (Hour) (Min) OF INJURY | 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 **May 6, 1957**, and that death occurred at **6:00 p. m.**, from the causes and on the date stated above.

|  |                                     |                                |
|--|-------------------------------------|--------------------------------|
| 23a. SIGNATURE <b>Stephen Paine M.D.</b> (Degree or title) | 23b. ADDRESS <b>Bloomfield, Mo.</b> | 23c. DATE SIGNED <b>5-8-57</b> |
|--|-------------------------------------|--------------------------------|

|  |                           |  |   |
|--|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>May 7-57</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Mount Pisgoh</b> | 24d. LOCATION (City, town, or county) (State) <b>Pottsville, Arkansas</b> |
|--|---------------------------|--|---|

|   |  |   |                                |
|---|--|---|--------------------------------|
| DATE REC'D BY LOCAL REG. <b>6/18/57</b> | REGISTRAR'S SIGNATURE <b>Dorvise Moore</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>CHILES UND. CO.</b> | ADDRESS <b>BLOOMFIELD, MO.</b> |
|---|--|---|--------------------------------|

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

VS OCT 7.1960

**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 Lulu Cooper # 3499 Student Embalmer No. X working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Lulu Cooper.....

Licensed Embalmer No. 4119.....

P. O. Address Bloomfield,..

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.