

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 3 1957

State File No. 28505

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 410			
1. PLACE OF DEATH a. COUNTY <i>Jasper</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Cherokee</i>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Joplin mo</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>Baxter Springs</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>St Johns Hospital</i>				e. STREET ADDRESS (If rural, give location) <i>1021 Grant ave 915 8</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>Noama</i> b. (Middle) <i>Caroline</i> c. (Last) <i>Robinson</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>8-25-57</i>						
5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>widow</i>		8. DATE OF BIRTH <i>July 24-1870</i>			
9. AGE (In years last birthday) <i>87</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home work</i>		11. KIND OF BUSINESS OR INDUSTRY <i>own home</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>			
13a. FATHER'S NAME <i>J.H. Davis</i>			13b. MOTHER'S MAIDEN NAME <i>Martha J Rarty</i>			14. NAME OF HUSBAND OR WIFE <i>Dee</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Ray Davis Mahrose Kans</i>					
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) <i>Septic Pneumonia</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost.</i> DUE TO (b) <i>Cardiacrenal Disease</i> DUE TO (c) <i>Generalized Arteriosclerosis</i> II. OTHER SIGNIFICANT CONDITIONS <i>Chronic</i> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>48 hrs</i> <i>Chronic</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <i>2</i> 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) (m.)			
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 <i>May</i> , 1957, to <i>Aug 25</i> , 1957, that I last saw the deceased alive on <i>Aug 25</i> , 1957, and that death occurred at <i>1:30 P.M.</i> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Paul H. Grubb M.D.</i>				23b. ADDRESS <i>Galena, Kansas</i>		23c. DATE SIGNED <i>8/25/57</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>8-25-57</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Baxter Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Baxter Springs Kans</i>			
DATE REC'D BY LOCAL REG. <i>8-27-57</i>		REGISTRAR'S SIGNATURE <i>Novie Merriam</i>			FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>James Ware Baxter Spgs Kans</i>				

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

DEC 2 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 Wene Funeral Home, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed J. Lane Wene

Licensed Embalmer No. 2880

P. O. Address Bayton Spu

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.