pt. Health,
., & Welfare
S. Public
lth Service

.S. 300
ev. 1-56

FILED DEC 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39825
STATE FILE NUMBER

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY DUNKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~RURAL~~ MALDEN — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) AIRBASE — Length of stay in 1b 3 MONTHS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY DUNKLIN
c. CITY OR TOWN MALDEN ~~RURAL~~ — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) R7D MALDEN — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First NANCY Middle LUCINDA Last ROBINSON
4. DATE OF DEATH Month Day Year 11-30-1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH 9-10-1868
9. AGE (In years last birthday) 89 — 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) At Home
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE
11. BIRTHPLACE (City and state or country) DALTON Ky
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME FELIX COOK
14. MOTHER'S MAIDEN NAME LYDIA —
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. —
17. INFORMANT Address Mrs J. E. Smoot - Malden 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) Myocardial Dyspsy. — INTERVAL BETWEEN ONSET AND DEATH 3 MO
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) High Blood Pressure - arterial sclerosis — Sand Years
DUE TO (c)
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 a. m. p. m. Month, Day, Year
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 June 6-57, to Nov 30-57 and last saw her/him alive on Nov 15-57
Death occurred at 1 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G. Carlstrom D.O. 2
22b. ADDRESS Malden Mo
22c. DATE SIGNED Dec 3/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 12-1-1957
23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK
23d. LOCATION (City, town, or county) (State) SIKESTON MO

24. FUNERAL DIRECTOR ADDRESS Welsh Funeral Home - Sikeston Mo
25. DATE RECD. BY LOCAL REG. 12-4-57
26. REGISTRAR'S SIGNATURE J. W. Schouman

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
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

37-0

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 12-9-57
COUNTY FILE NUMBER 1257-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed Raymond Gews

Licensed Embalmer No. 346

P. O. Address Siketon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.