

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44898
STATE FILE NUMBER

FILED DEC 23 1957

Registration District No. 166 Primary Registration District No. 4254 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Knobnoster,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Knobnoster,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>0510</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence, Knobnoster,</u> Length of stay in lb <u>3 yrs.</u>		d. STREET (If outside, give location) ADDRESS <u>Knobnoster, Missouri</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>MARY ELLEN ROBINSON</u> First Middle Last			4. DATE OF DEATH <u>December 11th, 1957</u> Month Day Year		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 10th, 1875</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired hotel maid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel Maid.</u>	11. BIRTHPLACE (City and state or country) <u>Howard County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown</u>			14. MOTHER'S MAIDEN NAME <u>Alice Robinson</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-07-0260A</u>	17. INFORMANT <u>Mrs. Ida Mae Marshall, Knobnoster, Mo.</u> Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Accidental death by burning,</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Completely burned over all of body,</u>	
	DUE TO (c) <u>burned beyond recognition, due to home burning completely.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Home burned, Deceased was an Invalid, unable to get out, and burned over entire body.</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>7:00AM p. 12-11-57</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Complete burns.</u>	20f. CITY, TOWN, OR LOCATION <u>Knobnoster, Johnson County, Missouri</u> COUNTY STATE

21. I attended the deceased from <u>Saw her dead,</u> to <u>12-11-1957</u> and last saw her <u>him</u> alive on _____ Death occurred at <u>7:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>Kelly Rawlins</u> <u>Coroner, M.D.</u>	22b. ADDRESS <u>Holden, Missouri.</u>	22c. DATE SIGNED <u>12-12-57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-12-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Knobnoster, Cemetery,</u>	23d. LOCATION (City, town, or county) (State) <u>Knobnoster, Missouri</u>
24. FUNERAL DIRECTOR <u>R.A. Brauninger, Warrensburg, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12/16/57.</u>	26. REGISTRAR'S SIGNATURE <u>Erma L. Beatty</u>	

(Licensed Embalmer's Statement on Reverse Side)

S. 300 v. 1-56
 Security the medical certificate in this specific manner required by 193.140 MORC 1947.
 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
 147

