

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027988  
STATE FILE NUMBER

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 12 1958		Registration District No. 360		Primary Registration District No. 3076		Registrar's No. 143	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Vernon, Co.</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		a. STATE <u>Missouri</u> b. COUNTY <u>          </u>		c. CITY OR TOWN <u>Sheldon</u> <u>1080</u> <u>0</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Sheldon</u> <u>1080</u> <u>0</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>				Length of stay in <u>30 days</u>		d. STREET ADDRESS <u>Rt. 2</u> (If outside, give location)	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>NORMA</u>		Middle <u>          </u>		Last <u>ROBINSON</u>		Month <u>8</u> Day <u>1</u> Year <u>1958</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>10-12-1904</u>		9. AGE (In years last birthday) <u>53</u>	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>		11. BIRTHPLACE (City and state or country) <u>Oxford, Ill</u>	
13. FATHER'S NAME <u>Frank King</u>		14. MOTHER'S MAIDEN NAME <u>Ester Schonewise</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>nil</u>		17. INFORMANT <u>Ancil Robinson, Jerico Springs</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Sarcomatosis of the chest and abdomen</u>						<u>4 mos.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Primary Ewings Bone Tumor left Femur</u>	
						<u>1967</u>	
DUE TO (c) <u>          </u>						<u>6 years</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 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.)				
20c. TIME OF INJURY Hour <u>          </u> Month <u>          </u> Day <u>          </u> Year <u>          </u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>June 4, 1958</u> to <u>Aug. 1, 1958</u> and last saw <u>her</u> live on <u>July 31, 1958</u>							
Death occurred at <u>Nevada, Mo.</u> <u>0</u> A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>R. B. Wray, M. D.</u> (Degree or title)				22b. ADDRESS <u>Moore Bldg., Nevada, Mo.</u>		22c. DATE SIGNED <u>8/4/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>8-3-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Brush Cen</u>		23d. LOCATION (City, town, or county) (State) <u>Jerico Springs, Cedar Co.</u>	
24. FUNERAL DIRECTOR <u>Dr. O. Long, Jerico Springs</u> ADDRESS <u>          </u>				25. DATE RECD. BY LOCAL REG. <u>8-4-1958</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Jerryp</u>	

(Licensed Embalmer's Statement on Reverse Side)

AUG 22 1958

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.....  
*J. O. Long*

Licensed Embalmer No. 37

P. O. Address *Jervis*

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