

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000045  
STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 1 Primary Registration District No. Registrar's No. 32

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Morrow Twp. on Route 6 near Novinger</b>		c. CITY OR TOWN <b>Green City</b> 1050	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Near Novinger</b>		d. STREET ADDRESS (If outside, give location) <b>No street address</b>	
Length of stay in lb <b>Traveling Through</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Martha</b> Middle <b>Pauline</b> Last <b>Robinson</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>18,</b> Year <b>1959</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-21-1907</b>	9. AGE (In years from birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>---</b> Days <b>---</b>	IF UNDER 24 HRS. Hours <b>---</b> Min. <b>---</b>
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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>Home</b>	11. BIRTHPLACE (City and state or country) <b>Boynnton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Nova Allen Jackson</b>	13b. MOTHER'S MAIDEN NAME <b>Rosa Lee Shepard</b>	14. NAME OF HUSBAND OR WIFE <b>Loren G. Robinson</b>
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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.	17. INFORMANT <b>Loren G. Robinson, Green City, Mo.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>
DUE TO (b) <b>Essential Hypertension</b>		
DUE TO (c)		<b>4 years</b>
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.)
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20c. TIME OF INJURY Hour <b>---</b> Month, Day, Year <b>---</b> a.m. <b>---</b> p.m. <b>---</b>	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 <b>Green City, Mo.</b>	COUNTY	STATE
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21. I attended the deceased from <b>Jan 10, 1948</b> to <b>Jan 18, 1959</b> and last saw her alive on <b>Jan 18, 1959</b> Death occurred at <b>2 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>R.D. Smith D.O.</b> (Degree or title)	22b. ADDRESS <b>Green City, Mo.</b>	22c. DATE SIGNED <b>Jan 21, 1959</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-20-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Green City Mo.</b>
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24. FUNERAL DIRECTOR <b>Glenn E. Fenton &amp; Son, Green City, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>1-26-1959</b>	26. REGISTRAR'S SIGNATURE <b>Doris W. Ruff</b>
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All diseases in Part I must be causally related.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.  
 MEDICAL CERTIFICATION  
 R.D. SMITH D.O.

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 *Karl R Kent* .....

Licensed Embalmer No. *4689* ....  
P. O. Address. *Green City* .....

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.