

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33054**

BIRTH NO.		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 3052		Registrar's No. 104			
1. PLACE OF DEATH ---a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE Missouri				b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond		c. LENGTH OF STAY (in this place) life		c. CITY OR TOWN Richmond		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 210 West Buchanan				e. STREET ADDRESS (If rural, give location) 210 West Buchanan				0891	
3. NAME OF DECEASED (Type or Print) a. (First) Louise			b. (Middle) Olivette		c. (Last) Robinson		4. DATE OF DEATH (Month) (Day) (Year) Sept. 16, 1957		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Sept. 15, 1957		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins. 0 0 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Richmond, Missouri			12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Cordell Robinson			13b. MOTHER'S MAIDEN NAME Ellen Fields			14. NAME OF HUSBAND OR WIFE Never married			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cordell Robinson, Richmond, Mo.				
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) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 11 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7610						20. AUTOPSY? 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)		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 Sept 16 - 1957 to Sept 16, 1957 , that I last saw the deceased alive on 9-16-57 and that death occurred at 4:00 AM , from the causes and by the date stated above.									
23a. SIGNATURE G. E. Jay MD				23b. ADDRESS Richmond, Mo		23c. DATE SIGNED 9-20-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-16-1957		24c. NAME OF CEMETERY OR CREMATORY Wilson Cemetery		24d. LOCATION (City, town, or county) (State) Ray County Missouri			
DATE REC'D BY LOCAL REG. Sept 20 57		REGISTRAR'S SIGNATURE Mabel Jackson			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas J. Carter Richmond, Mo				

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

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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 *Thomas J. Carter*.....

Licensed Embalmer No. *4474*.....

P. O. Address *Richmond, Mo*.....

Baby was not Embalmed.

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.