

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **5512**
 BIRTH NO. **FILED FEB 19 1954** REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **3046** Registrar's No. **18**

1. PLACE OF DEATH. a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY OR TOWN California		c. CITY OR TOWN California	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		e. STREET ADDRESS (If rural, give location) 06810	

3. NAME OF DECEASED (Type or Print) a. (First) HELEN b. (Middle) Williams c. (Last) ROBBINS			4. DATE OF DEATH (Month) (Day) (Year) Feb 16 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 20. 1881	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months 10 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY no	11. BIRTHPLACE (City and State or Foreign Country) California Mo. Moniteau Co		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John M William	13b. MOTHER'S MAIDEN NAME Alice Gray Howard	14. NAME OF HUSBAND OR WIFE Henry Robbins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Miss Francis Williams ADDRESS California Mo

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		DUE TO (b) Arteriosclerosis		less than 1 day	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) California, Moniteau MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 **June**, 1949, to **Feb 16**, 1954, that I last saw the deceased alive on **Feb 16**, 1954, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE R B Fulke (Degree or title) MD	23b. ADDRESS California, MO	23c. DATE SIGNED 2-17-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Rural	24b. DATE Feb-19-1954	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) California Mo.
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DATE REC'D BY LOCAL REG Feb 19-54	REGISTRAR'S SIGNATURE N R Pope	25. FUNERAL DIRECTOR'S SIGNATURE Thugh E Williams ADDRESS California Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 8 1954

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.....
Hugh E. Williams

Licensed Embalmer No.....
353

P. O. Address.....
California

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.