

3. No. 200
v. 10-48

FILED DEC 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5-695 State File No. 37959

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. _____ Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmersville Cream Ridge</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cream Ridge Township</u>	
c. LENGTH OF STAY (In this place) <u>12 years</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile southwest of Farmersville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wimmers' Cafe & Servicestation</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Fulton</u> c. (Last) <u>Close</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 5, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>November 24, 1890</u>
9. AGE (In years or months or years and months or years, months and days) <u>64</u>		9. AGE (In years or months or years and months or years, months and days) <u>64</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Dawson, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Garrett William Close</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Judd</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>G. W. Close; Strand Hotel; Chillicothe</u> ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____	
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 building, 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 <u>November 10</u> , 19 <u>54</u> , to <u>December 5</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Dec 5, 1954</u> , and that death occurred at <u>6:30 PM</u> , from the causes and on the date stated above.			
22a. SIGNATURE (Coroner) (Degree or title) <u>Joseph Cannon M.D.</u>		22b. ADDRESS <u>Chillicothe, Mo</u>	
22c. DATE SIGNED <u>Dec 6-54</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-8-54</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>May</u>		23d. LOCATION (City, town, or county) (State) <u>Chula, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-6-54</u>		REGISTRAR'S SIGNATURE <u>Francis B Nail</u>	
24. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home; Chillicothe, Mo.</u>		ADDRESS _____	

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

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

Student Embalmer

Signed

Joseph M. Gibson

Licensed Embalmer No. *4769*

P. O. Address *Chillicothe, Mo.*

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 this body is not embalmed, fact should be so stated above.