

STANDARD CERTIFICATE OF DEATH

33101

STATE FILE NUMBER

FILED NOV 13 1956

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY Bates			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mass. b. COUNTY Worcester		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bates Mt. Pleasant		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Athol		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Killed on Hgwy 71			Length of stay in lb		d. STREET ADDRESS 119 Prospect
3. NAME OF DECEASED (Type or print) First Frank Middle Aleric Last Robichaud			4. DATE OF DEATH Month Nov. Day 1 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 14, 1913		9. AGE (In years last birthday) 43
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) s/sgt, Airman		10b. KIND OF BUSINESS OR INDUSTRY USAAir Force	11. BIRTHPLACE (City and state or country) Athol Mass.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Batiste Robichaud			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes A.F. 31090036		16. SOCIAL SECURITY NO. no	17. INFORMANT Address Lt. Pierson Grandview Air Base		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dead on arrival Multiple injuries Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) Auto accident on highway 71			
20c. TIME OF INJURY Hour 2-15 Month 11-1-56 a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway 71		20f. CITY, TOWN, OR LOCATION Bathus Bates COUNTY MA STATE MA	
21. I attended the deceased from 11-1-56 to 11-1-56 and last saw ^{her} him alive on 11-1-56 Death occurred at 12-15 p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) A. L. Hansen M.D.			22b. ADDRESS Bathus, MA		22c. DATE SIGNED 11-5-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/3/56	23c. NAME OF CEMETERY OR CREMATORY Civilian Cem.		23d. LOCATION (City, town, or county) (State) Athol Mass.
24. FUNERAL DIRECTOR Stine & McClure ADDRESS K.C. Mo.		25. DATE RECD. BY LOCAL REG. NOV. 5-1956		26. REGISTRAR'S SIGNATURE Kendall Kerney	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Physician, coroner, etc. must use only standard nomenclature to report cause of death. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

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 *Elmer D. Zippelt*.....

Licensed Embalmer No. *421*.....

P. O. Address *Kansas City*.....

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