

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002057

FILED FEB 2 1959

BIRTH NO. --- REG. DIST. NO. 187 PRIMARY REG. DIST. NO. --- Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Ludlow</b>		c. CITY OR TOWN <b>Ludlow</b> <b>0590</b>	
c. LENGTH OF STAY (If in this place) <b>21 yrs.</b>		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			
STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>CLIFTON</b>	b. (Middle) <b>BRETLAND</b>	c. (Last) <b>ROBINSON</b>	<b>January 21, 1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 24, 1893</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR: Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work including most of waking life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ludlow, Missouri</b>	
12. CITIZENRY OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Norrel Cecil Robinson</b>	13b. MOTHER'S MAIDEN NAME <b>Leona Harlow</b>	14. NAME OF HUSBAND OR WIFE <b>Nina Gray</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>486-324-298</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Nina Robinson; Ludlow, Missouri</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b>		
	DUE TO (c) <b>Generalized Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>---</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from **Mar. 12, 1955**, to **Jan. 21, 1959**, that I last saw the deceased alive on **Jan. 20, 1959**, and that death occurred at **3:50 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. F. Goebbel, M.D.</b>	23b. ADDRESS <b>Blaymer, Mo.</b>	23c. DATE SIGNED <b>1/23/59</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-24-59</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Monroe Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Ludlow, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1/23/59</b>	REGISTRAR'S SIGNATURE <b>Frances B. Neill</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>NORMAN FUNERAL HOME: Chillicothe, Mo.</b>
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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.....  
Signature of Student Embalmer

Signed *Elton S. Norman*.....

Licensed Embalmer No. 4036

P. O. Address Chillicothe,

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.