

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024569

FILED VS AUG 10 1959 **77**

Registration District No. _____ Primary Registration District No. **3016** Registrar's No. **221**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cole b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City Length of stay in 1b 41 years c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1110 E. High Street Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole c. CITY OR TOWN Jefferson City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 1110 E. High Street Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First EMMA Middle ROBINETT Last ROSE			4. DATE OF DEATH Month August Day 5th Year 1959				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH January 13 1877	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Brunley, Missouri	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Martin Sons		13b. MOTHER'S MAIDEN NAME Sara Neal		14. NAME OF HUSBAND OR WIFE Deceased			
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 Address Mrs Edgar Robinett Jefferson City, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Infection + Dehydration DUE TO (b) Uremia DUE TO (c) Generalized Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____			
21. I attended the deceased from <u>Aug 4 - 59</u> to <u>Aug 5 - 59</u> and last saw her alive on <u>Aug 5 - 59</u> Death occurred at <u>4:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. 							
22a. SIGNATURE (Signature or title) Eugene E. Robredo			22b. ADDRESS Jefferson City Mo		22c. DATE SIGNED Aug 7 - 59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 8th '59	23c. NAME OF CEMETERY OR CREMATORY Robinett Cemetery		23d. LOCATION (City, town, or county) (State) Brunley, Missouri		
24. FUNERAL DIRECTOR ADDRESS Tanner Service, Jefferson City, Mo.			25. DATE RECEIVED BY LOCAL REG. 7 August 1959		26. REGISTRAR'S SIGNATURE R. P. Narrie, MD, MR		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald P. Freeman

Licensed Embalmer No. 4620

P. O. Address Fin d.

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.