

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026171

FILED VS AUG 7 1959

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 133

STATE FILE NUMBER

DED

9-1-59

Clara Robinson DOCUMENT

14 & 17 BY AFFIDAVIT OF funeral director

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Phelps			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Length of stay in 1b 4 days		c. CITY OR TOWN ST. James		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co. Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Turni		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last George O. Robinson				4. DATE OF DEATH Month Day Year July 27-1959			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-6-1887	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Day Hours Min. 11 21	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Marion Co, MO		12. CITIZEN OF WHAT COUNTRY USA.	
13a. FATHER'S NAME Wm Robinson		13b. MOTHER'S MAIDEN NAME Melinda Moreland		14. NAME OF HUSBAND Clara Robinson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.I		16. SOCIAL SECURITY NO. 495-36-1364A		17. INFORMANT Robinson Address Clara Robinson ST. James, 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) Embolism, pulmonary DUE TO (b) multiple rib fractures DUE TO (c) tractor accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 2 1/2 5 days 5 day	
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 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.) Fell off tractor - tractor ran over chest.					
20c. TIME OF INJURY Hour Month, Day, Year 2 P. 7-22-59		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm		20f. CITY, TOWN, OR LOCATION COUNTY STATE St James Phelps MO	
21. I attended the deceased from 7-22-59 to 7-27-59 and last saw him alive on 7-27-59 Death occurred at 11 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree & title) J. E. Stricker M.D.				22b. ADDRESS St James MO		22c. DATE SIGNED 7-29-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-30-59	23c. NAME OF CEMETERY OR CREMATORY Masonic Cem.		23d. LOCATION (City, town, or county) (State) St. James, MO.		
24. FUNERAL DIRECTOR ADDRESS Oral E. Leible - St James, MO.				25. DATE RECD. BY LOCAL REG. July 29, 1959		26. REGISTRAR'S SIGNATURE Nadrie L. Stoll	

(Licensed Embalmer's Statement on Reverse Side)

AUG 17 1950

SEP 1 1950

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Orval E. Liekhtel

Licensed Embalmer No. 354

P. O. Address St James

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.