

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035132

FILED VS NOV 9 1959

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 130

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Length of stay in 1b 35 years		c. CITY OR TOWN Butler		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 217 South Mechanic			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 217 S Mechanic St			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Hugh Middle Maxfiel Last Robinson				4. DATE OF DEATH Month Oct Day 24 Year 1959							
5. SEX Male		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/28/94		9. AGE (last birthday) 64		IF UNDER 1 YEAR Months Days 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 Hatchery		11. BIRTHPLACE (City and state or country) Golden City Mo		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Ervin Maxfiel Robinson				13b. MOTHER'S MAIDEN NAME Lillian Brawn				14. NAME OF HUSBAND OR WIFE Bernice Robinson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) yes WW #1				16. SOCIAL SECURITY NO. 486 05 9621		17. INFORMANT Address Bernice Robinson-Butler 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) Acute Coronary occlusion								INTERVAL BETWEEN ONSET AND DEATH 15 minutes			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombus											
DUE TO (c) _____											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (p) Diabetes mellitus and arteriosclerosis								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 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 April 1945 to October 21st 59 and last saw him alive on Oct. 21st, 1959 Death occurred at 5 PM on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) L. S. Laffre, M.D.						22b. ADDRESS Butler Missouri			22c. DATE SIGNED Oct. 27-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/27/59		23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery		23d. LOCATION (City, town, or county) Butler Mo					
24. FUNERAL DIRECTOR Culcer Underwood Butler Mo				25. DATE RECD. BY LOCAL REG. Oct. 27-1959		26. REGISTRAR'S SIGNATURE Randall Kurey					

(Licensed Embalmer's Statement on Reverse Side)

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 me or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert S. Stenikus

Licensed Embalmer No. 4657

P.O. Address Butler, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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