URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1959 251

59–041125
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3048 Registrar's No. 279

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville — Length of stay in Ib 3 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Parnell — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) none — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ROBERT Middle RAY Last ROBINSON
4. DATE OF DEATH Month 12 Day 7 Year 59
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/8/35
9. AGE (last birthday) 23 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm laborer
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (City and state or country) Nodaway County, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Christopher Elmer Robinson
13b. MOTHER'S MAIDEN NAME Fronia Pearl Messner
14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 499-36-5986
17. INFORMANT Donald S. Robinson, Address Kennewick, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac decompensation (chronic) — INTERVAL BETWEEN ONSET AND DEATH 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Rheumatic valvulitis and carditis — 10 yrs
DUE TO (c) Rheumatic fever — 10 yrs
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 10/30/1957, to 12/7/59 and last saw ~~her~~ ~~him~~ alive on 12/7/59
Death occurred at 12:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Erl Empe (Degree or title) M. D.
22b. ADDRESS Maryville, Mo.
22c. DATE SIGNED 12/8/59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 12/11/59
23c. NAME OF CEMETERY OR CREMATORY Oak Lawn
23d. LOCATION (City, town, or county) (State) Ravenwood, Missouri

24. FUNERAL DIRECTOR ADDRESS Price Funeral Home, Maryville, Mo.
25. DATE RECD. BY LOCAL REG. 12-8-59
26. REGISTRAR'S SIGNATURE Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John W. Price

Licensed Embalmer No. 428

P. O. Address Maryville

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