

FEDERAL BUREAU OF INVESTIGATION  
 U.S. DEPARTMENT OF JUSTICE  
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**59-041356**

FILED VS. NOV 30 1959 294

Primary Registration District No. **3056** Registrar's No. **264**

STATE FILE NUMBER

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Randolph</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		Length of stay in 1b <u>5 hours</u>		c. CITY OR TOWN <u>Huntsville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>No Street Address</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Patricia</u> Middle <u>Ann</u> Last <u>Robinson</u>				<b>4. DATE OF DEATH</b> Month <u>November</u> Day <u>16</u> Year <u>1959</u>									
<b>5. SEX</b> <u>female</u>		<b>6. COLOR OR RACE</b> <u>white</u>		<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>11-16-1959</u>		<b>9. AGE (last birthday)</b> <u>0</u>		<b>IF UNDER 1 YEAR</b> Months <u>0</u> Days <u>0</u>		<b>IF UNDER 24 HR</b> Hours <u>5</u> Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>none</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>none</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Moberly, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>United States</u>					
<b>13a. FATHER'S NAME</b> <u>William F. Robinson</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Alberta Rodney</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>NONE</u>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT</b> Address <u>William F. Robinson: Huntsville, Missouri</u>							
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Erythroblastosis Fetalis</u>										INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs.</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										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			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)													
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/>		<b>SUICIDE</b> <input type="checkbox"/>		<b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. _____		Month, Day, Year											
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)				<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY		STATE			
<b>21. I attended the deceased from</b> <u>four A.M. 11-16-59</u> <u>9-15A.M. 11-16-59</u> <u>11-16-59</u> and last saw him alive on <u>11-16-59</u> Death occurred at <u>9:15 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
<b>22a. SIGNATURE</b> (Degree or title) <u>A. Mod Rains</u>						<b>22b. ADDRESS</b> <u>D.O. Moberly, Missouri</u>						<b>22c. DATE SIGNED</b> <u>11-17-6</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>burial</u>		<b>23b. DATE</b> <u>11-17-1959</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Huntsville Cemetery</u>				<b>23d. LOCATION</b> (City, town, or county) (State) <u>Huntsville, Missouri</u>					
<b>24. FUNERAL DIRECTOR</b> <u>Tom B Patton</u>						ADDRESS <u>Huntsville, Mo</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>11-17-59</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Leah W. Lane</u>			

(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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.