

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS. JAN - 6 1960 91

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 78

SENTED

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Powersville</u>		Length of stay in 1b <u>2 WKS</u>		c. CITY OR TOWN <u>Rural-York Tmp.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>village</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Powersville, Mo.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Buell</u> Last <u>Robinson</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>27</u> Year <u>1959</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10-28-93</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>29</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Mercer Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>S. L. Robinson</u>			13b. MOTHER'S MAIDEN NAME <u>Sherry L. Cribb</u>			14. NAME OF HUSBAND OR WIFE <u>Ethel Robinson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>499-18-5838</u>		17. INFORMANT Address <u>Ethel Robinson - Powersville Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>			DUE TO (b) <u>arteriosclerosis</u>				<u>10 years</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (c)				<u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>						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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>3:30 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Chas L. Judd</u> Degree or Title _____				22b. ADDRESS <u>Putnam Co Mo Unionville Mo</u>			22c. DATE SIGNED <u>12-28-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		23b. DATE <u>12-31-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wilder com.</u>		23d. LOCATION (City, town, or county) (State) <u>Mercer Co. Mo</u>			
24. FUNERAL DIRECTOR <u>F.O. Husted & Son-Unionville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>12-30-59</u>		26. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>		

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 Muel C. Husted

Licensed Embalmer No. 3004

P. O. Address Unionville

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.