

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018195

FILED VS MAY 16 1960

1 Primary Registration District No. 3000 Registrar's No. 134

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 1 mo.	c. CITY OR TOWN Rural Elm Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION K.O. Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Unionville, Mo. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Fred Middle -- Last Robinson			4. DATE OF DEATH Month May Day 6 Year 1960			
5. SEX M	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 9-20-1879	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months 7 Days 16	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and state or country) Sullivan Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME George Robinson		13b. MOTHER'S MAIDEN NAME Edna Shaver		14. NAME OF HUSBAND OR WIFE Anna Robinson		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Anna Robinson Address
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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) Pulmonary Edema		
DUE TO (b) Pulmonary Embolism		
DUE TO (c) Pelvic Venous Thrombosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial infarction		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 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. 	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 Adair Co. Mo.		20g. COUNTY Adair STATE Mo.

21. I attended the deceased from **3-15-58** to **5-6-60** and last saw him alive on **5-6-60**
Death occurred at **10:28 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (In free or title) David W. Boone dec.	22b. ADDRESS Kirksville Mo	22c. DATE SIGNED 5-6-60
23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE May 7, 1960	23c. NAME OF CEMETERY OR CREMATORY Cox Cem.
23d. LOCATION (City, town, or county) Adair Co. Mo.		23e. STATE Mo.

24. FUNERAL DIRECTOR O Husted & Son Unionville, Mo.	25. DATE RECD. BY LOCAL REG. 5-10-1960	26. REGISTRAR'S SIGNATURE Doree W. Ratliff
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

David W. Boone, D.O.

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 Murl E. Hushel

Licensed Embalmer No. 3307

P. O. Address Amesville

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.