

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-60-041151**

FILED VS NOV 21 1960 042 Primary Registration District No. 1000 Registrar's No. 1178 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		Length of stay in lb <b>1 yr. 10 mo.</b>		c. CITY OR TOWN <b>St. Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital #2</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>919 S. 12th St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Gertrude</b> Middle <b>Robison</b> Last <b>Robison</b>				4. DATE OF DEATH Month <b>November</b> Day <b>9</b> Year <b>1960</b>									
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8/11/1889</b>		9. AGE (last birthday) <b>71</b>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>John Lyde</b>				13b. MOTHER'S MAIDEN NAME <b>Flora Mix</b>				14. NAME OF HUSBAND OR WIFE <b>Benjamin H. Robison</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>State Hosp. #2 Records, St. Joseph, Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Natural causes, General arteriosclerosis</b>										INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Malnutrition</b>													
DUE TO (c) _____													
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. <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 <b>11/9/1960</b> to <b>11/9/1960</b> and last saw <sup>her</sup> him alive on <b>11/9/1960</b> Death occurred at <b>2:30 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Mohammad Tahir M.D.</b>						22b. ADDRESS <b>State Hosp. #2, St. Joseph, Mo.</b>				22c. DATE SIGNED <b>11/9/60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>			23b. DATE <b>11/13/1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Kirksville Anatomical Board</b>			23d. LOCATION (City, town, or county) (State) <b>Kirksville Missouri</b>					
24. FUNERAL DIRECTOR <b>Heaton Bowman</b> ADDRESS <b>St. Joseph</b>				25. DATE RECD. BY LOCAL REG. <b>Nov. 16, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Wm. Clark Gardell</b>							

DOCUMENT BY AFFIDAVIT OF M. Tahir, M.D. MEDICAL CERTIFICATION

**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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St

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