

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-045041

FILED VS. DEC 29 1960

10 Primary Registration District No. 3002 Registrar's No. 288

STATE FILE NUMBER

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Andrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>		Length of stay in 1b <u>20 hrs.</u>		c. CITY OR TOWN <u>Centralia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF Pt NOT in hospital, give location <u>Andrain County Hospital</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>442 So. Jenkins</u>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Laura Etta Robison</u>				4. DATE OF DEATH Month Day Year <u>Dec. 16 - 1960</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Mar. 1 - 1878</u>		
9. AGE (last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>15</u> Hours <u>5</u> Min.		IF UNDER 24 HR Hours <u>5</u> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Boone Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm. A. Moore</u>			13b. MOTHER'S MAIDEN NAME <u>Martha A. Scott</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</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>None</u>		17. INFORMANT <u>Mrs. Mary Jaring, Centralia, 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>Acute myocardial failure</u>							<u>1 hour</u>	
DUE TO (b) <u>Cardiac decompensation</u>							<u>6 days</u>	
DUE TO (c) <u>Hypertensive heart disease</u>							<u>3 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Intestinal obstruction duration 1 week</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 <u>5:50</u> a.m. <u>5:50</u> 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 <u>April 12, 1960</u> to <u>Dec. 16, 1960</u> and last saw her/him alive on <u>Dec. 16, 1960</u> Death occurred at <u>5:50</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>L. Lachance, M.D. L. Lachance, M.D.</u>				22b. ADDRESS <u>110 W. Speed - Centralia, Mo.</u>		22c. DATE SIGNED <u>12-16-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 18 - 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Centralia, Mo.</u>		
24. FUNERAL DIRECTOR <u>Paul Q. Ballant, Centralia, Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Dec 18 - 1960</u>		26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		

JUN 1 1953

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 Paul J. Ballou

Licensed Embalmer No. 420

P. O. Address Centralia

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.