

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047063

FILED VS JAN 9 1961
INDEXED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 258 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where ^{mother} deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla</u>		Length of stay in 1b <u>20 hrs</u>	c. CITY OR TOWN <u>Newburg</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Phelps County Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RT 2 Newburg</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Randel</u> Middle <u>John</u> Last <u>Robinson</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>28</u> Year <u>1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 27, 1960</u>	9. AGE (last birthday) IF UNDER 1 YEAR Months <u>19</u> Days <u>1</u>	IF UNDER 24 HR Hours <u>19</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Phelps County, Mo.</u>		
13a. FATHER'S NAME <u>Robert J. Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Edith E. Childers</u>		14. NAME OF HUSBAND OR WIFE		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Robert J Robinson Newburg, RT 2</u> Address	
--	--	-------------------------	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>atelectasis + pulmonary insufficiency</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 hours</u>
DUE TO (b) <u>insufficiency</u>			
DUE TO (c) <u>prematurity - less than 6 1/2 months</u>			
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 <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </u>	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 Birth to Death and last saw her/him alive on 12-28-60
Death occurred at P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Richard E. Myers D</u> (Degree or title)		22b. ADDRESS <u>Newburg, Mo.</u>		22c. DATE SIGNED <u>Dec 29, 1960</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Dec 30, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OZARK Memorial Garden</u>	23d. LOCATION (City, town, or county) (State) <u>South of Rolla Mo Mo</u>	
24. FUNERAL DIRECTOR <u>Lee Johnson</u> ADDRESS <u>Newburg Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 29, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</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 ^{not} embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm L Strawker

Licensed Embalmer No. 5043

P. O. Address: Newburg

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