

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008533

STATE FILE NUMBER

AMENDED

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 52

FILED MAR 20 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Henry		b. CITY (If outside corporate limits, give TOWNSHIP only) Windsor		a. STATE Mo.		b. COUNTY Henry	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital Co.		Length of stay in 1b 2 days		c. CITY OR TOWN Windsor Mo. Route 1		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS Springfield Twsp		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First ARCHIE		Middle ROBINSON		Month March 12 1961		Day 1961	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 5, 1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm		10b. KIND OF BUSINESS OR INDUSTRY Farming.		11. BIRTHPLACE (City and state or country) HEnergyCo Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Levi Robinson			13b. MOTHER'S MAIDEN NAME Mary Bradley		14. NAME OF HUSBAND OR WIFE Mollie 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. *****		17. INFORMANT John Robinson, Windsor Mo.		
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)				Circulatory Collapse Instant			
DUE TO (b)				Coronary Occlusion 2 days			
DUE TO (c)				Coronary Thrombosis 2 days			
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 Feb 1957 to 3/12/61 and last saw him alive on 3/12/61 Death occurred at 9:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) William J. Smith M.D.			22b. ADDRESS Windsor Mo.		22c. DATE SIGNED 3/13/61		
23a. BURIAL, CREMATION, or other disposition (Specify) Burial		23b. DATE 3/15/61		23c. NAME OF CEMETERY OR CREMATORY Mt Olivet		23d. LOCATION (City, town, or county) Roseland Mo	
24. FUNERAL DIRECTOR 3 ADDRESS Consalus Clinton Mo.				25. DATE RECD. BY LOCAL REG. Mar 14, 1961		26. REGISTRAR'S SIGNATURE Kildred Bigum	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT

MAR 28 1961

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 J E Conalua

Licensed Embalmer No. 189

P. O. Address Clinton

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.

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