

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016137

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 61

AMENDED

FILED APR 28 1961

DATE AMENDED

INSIDE OF DOCUMENT

BY AFFIDAVIT OF SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u>		c. CITY OR TOWN <u>Sikeston</u>	
Length of stay in 1b <u>10 yr.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hospital</u>		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Leo</u> Last <u>Robison</u>			4. DATE OF DEATH Month <u>4</u> Day <u>13</u> Year <u>1961</u>
5. SEX	6. COLOR OR RACE <u>negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4, 23, 1936</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XXXXX</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Common Labor</u>	9. AGE (last birthday) <u>24</u>
11. BIRTHPLACE (City and state or country) <u>Vandale, Ark.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jessie Robison</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Robison</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Robison</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>		17. INFORMANT Address <u>Emma Baker Sikeston, Mo.</u>	
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>MENINGO-ENCEPHALITIS, Acute.</u>			INTERVAL BETWEEN ONSET AND DEATH. <u>7 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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 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 <u>4-9-61</u> to <u>4-13-61</u> and last saw <u>him</u> alive on <u>4-13-61</u> Death occurred at <u>4:40 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Carroll Smith, Jr. M.D.</u>		22b. ADDRESS <u>Sikeston Mo</u>	22c. DATE SIGNED <u>4-14-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>7</u>	23b. DATE <u>4, 16, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Smith West End Court</u>	23d. LOCATION (City, town, or county) (State) <u>West of Sikeston, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Smith Funeral Home Sikeston, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-17-61</u>	26. REGISTRAR'S SIGNATURE <u>Mr. Walter Hunter</u>

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 Fred J. Smith
Licensed Embalmer No. 4408

P. O. Address Sikeston, Mo

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.