

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025637

STATE FILE NUMBER

AMENDED FILED JUL 24 1961 Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 61

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>						
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sni a bar</b>		Length of stay in 1b <b>20 yrs.</b>		c. CITY OR TOWN <b>Oak Grove,</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>1/4 mile south of Grain Valley, Mo.</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <b>none Town</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Chester</b> Middle <b>G.</b> Last <b>Robinson</b>				4. DATE OF DEATH Month <b>July</b> Day <b>15</b> Year <b>1961</b>						
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>8-30-1923</b>		9. AGE (last birthday) <b>37</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>assembler</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>automotive</b>		11. BIRTHPLACE (City and state or country) <b>Clifton, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>		IF UNDER 1 YEAR Months Days Hours Min.		
13a. FATHER'S NAME <b>George W. Robinson</b>			13b. MOTHER'S MAIDEN NAME <b>Hila T. Jingles</b>			14. NAME OF HUSBAND OR WIFE <b>Divorced</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW 2</b>				17. INFORMANT <b>Hila Robinson</b> Address <b>Oak Grove 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>Fractured neck. Fractured left arm. numerous abrasions</b> DUE TO (b) <b>same as above</b> DUE TO (c) <b>same as above</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH		
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 checked="" 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.) <b>Car ran through a bridge</b>						
20c. TIME OF INJURY Hour <b>7-15</b> a.m. <b>15</b> p.m. Month <b>7</b> Day <b>15</b> Year <b>1961</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		20f. CITY, TOWN, OR LOCATION <b>Jackson</b>		COUNTY <b>mt</b>		STATE		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <b>Hugh A Owens Coroner</b>				22b. ADDRESS <b>152 Union Station</b>				22c. DATE SIGNED <b>7-16-61</b>		
23. BURIAL CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>July 18 1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Lawn Cemetery</b>		23d. LOCATION (City, town, or county) <b>Parsons, Kansas</b>		(State)		
24. FUNERAL DIRECTOR <b>Hopper-Royer Funeral Home Oak Grove, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>7-16-1961</b>		26. REGISTRAR'S SIGNATURE <b>D B Lamysford</b>				

AUG 8 1961

JUL 27 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 Keneth Royer

Licensed Embalmer No. 4591

P. O. Address Dak Grove, 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.