

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041746

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 409

STATE FILE NUMBER

FILED NOV 27 1961

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| 1. PLACE OF DEATH a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Shelby | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal | | Length of stay in 1b One Day | c. CITY OR TOWN Shelbina |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Elizabeth Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First John Middle Henry Last Robinson | | | 4. DATE OF DEATH Month Nov Day 15th Year 1961 | | | |
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|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|--|
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6/16/1896 | 9. AGE (last birthday) 65 | IF UNDER 1 YEAR Months 4 Days 29 | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Work | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) Monroe Co Mo | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Henry Robinson | 13b. MOTHER'S MAIDEN NAME Gertrude Sansberry | 14. NAME OF HUSBAND OR WIFE Velma Robinson |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I | 17. INFORMANT Charlie Robinson Burlington Ia | Address Burlington Ia |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rheumatic valvular heart disease. | | INTERVAL BETWEEN ONSET AND DEATH years. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myelogenous leukemia. | | 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 | |
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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. |
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| 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 Shelbina Mo | COUNTY STATE |
|--|--|--|------------------------------|

21. I attended the deceased from **Jan 1956** to **present** and last saw him alive on **Nov 15, 1961**
Death occurred at **2:25 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Chas. A. Lichty | 22b. ADDRESS Shelbina Mo | 22c. DATE SIGNED 11/17/61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11-18-1961 | 23c. NAME OF CEMETERY OR CREMATORY I.O.O.F Cemetery | 23d. LOCATION (City, town, or county) (State) Shelbina Mo |
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| 24. FUNERAL DIRECTOR Barkelaw & Davis Shelbina Mo | 25. DATE RECD. BY LOCAL REG. 11/20/61 | 26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by Lillian N. Norman |
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

NOV 28 1961

DEC 7 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 Henry A. Burkela

Licensed Embalmer No. 3835

P. O. Address Shelburne

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.