

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019291

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 156

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0147
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Length of stay in 1b <u>4 yrs</u>	c. CITY OR TOWN <u>Macon,</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>317 Pearl</u>
3. NAME OF DECEASED (Type or print) First <u>Nancy</u> Middle <u>Katherine</u> Last <u>Robuck</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>10</u> Year <u>1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>10/20/1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>
13a. FATHER'S NAME <u>James F. Graves</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Judy</u>	14. NAME OF HUSBAND OR WIFE <u>Luther Robuck</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>no</u>		16. SOCIAL SECURITY NO. <u>nk</u>	17. INFORMANT Address <u>State Hospital Records Fulton, 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>Cerebral vascular Accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) _____			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 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>State Hospital No. 1</u> <u>9/8/59</u> to <u>5/10/63</u>		Death occurred at <u>10:20</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Type or print) <u>James K. Otterhusch M.D.</u>		22b. ADDRESS <u>State Hospital No. 1, Fulton, Mo.</u>	
22c. DATE SIGNED <u>5/10/63</u>		22d. LOCATION (City, town, or county) (State) <u>Macon, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-14-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sun Set Mem. Cems.</u>	23d. LOCATION (City, town, or county) (State) <u>Moberly, Mo.</u>
24. FUNERAL DIRECTOR <u>Hutton Funeral Home, Macon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>May-17-1963</u>	26. REGISTRAR'S SIGNATURE <u>Marlette Lawrence</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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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 Thomas M. Emmons

Licensed Embalmer No. 5064

P.O. Address Fulton, Ma

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.