

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-040547**  
STATE FILE NUMBER

Registration District No. 131 Primary Registration District No. 5677 Registrar's No. 90

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0570

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**FILED NOV 14 1963**

a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Union</b>		Length of stay in 1b <b>2 1/2 Yr.</b>	c. CITY OR TOWN <b>Silex</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Thalman Rest Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>6 mi. N.W. of Silex</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>MIRTA KERR ROBINSON</b>			4. DATE OF DEATH <b>Nov. 12, 1963</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>July 9, 1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>	9. AGE (last birthday) <b>83</b> IF UNDER 1 YEAR Months <b>4</b> Days <b>3</b> Hours <b></b> Min. <b></b>
11. BIRTHPLACE (City and state or country) <b>Ashley Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Wm. Kerr</b>		13b. MOTHER'S MAIDEN NAME <b>Hettie Caldwell</b>	
14. NAME OF HUSBAND OR WIFE <b>Owen Robinson</b>		17. INFORMANT <b>Owen Robinson Troy Mo.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBRAL THROMBOSIS</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CEREBRAL ARTERIOSCLEROSIS</b> DUE TO (c) <b>ACUTE INFLUENZA</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 HRS.</b> <b>UNK.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>ACUTE INFLUENZA</b>			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 <b></b> a.m. <b></b> p.m. <b></b> Month, Day, Year <b></b>	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 <b>Troy Mo.</b>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>1962</b> to <b>Nov. 12, 1963</b> and last saw her alive on <b>Nov. 12, 1963</b> . Death occurred at <b>130 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Paul T. Pearsel</i> (Deputy or title)		22b. ADDRESS <b>Troy Mo.</b>	
22c. DATE SIGNED <b>11-13-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 14, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bowling Green Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Bowling Green Mo.</b>
24. FUNERAL DIRECTOR <b>Wayne McCoy</b> ADDRESS <b>Troy Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-13-63</b>	26. REGISTRAR'S SIGNATURE <i>Paul T. Pearsel</i> <b>M.D.</b>

*Herold*

STATE OF MISSOURI

DEC 12 1963

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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 *D. W. McLaughlin*

Licensed Embalmer No. *3588*

P. O. Address *Troy 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.