

STANDARD CERTIFICATE OF DEATH

State File No. **19684**

FILED JUL 2 1956

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **690**

1. PLACE OF DEATH a. COUNTY BUCHANAN			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BUCHANAN		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOSEPH		c. LENGTH OF STAY (in table space) 45 YRS	c. CITY OR TOWN ST. JOSEPH		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME, 304 E. Nebraska Ave.			e. STREET ADDRESS (If rural, give location) 304 E. NEBRASKA Ave., 01170		
3. NAME OF DECEASED (Type or Print) RINDA		a. (First)	b. (Middle)	c. (Last) ROBISON	4. DATE OF DEATH (Month) (Day) (Year) JUNE 20, 1956
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 9, 1876	9. AGE (in years last birthday) 80 YRS	IF UNDER 1 YEAR Months Days 80
IF UNDER 1 YEAR Hours Min. 0	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) MACON, MO.	
12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME SAM BAILEY		13b. MOTHER'S MAIDEN NAME MOLLIE MARTIN	14. NAME OF HUSBAND OR WIFE JEFF ROBISON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MARY EDWARDS (DAUGHTER) 304 E. NEBRASKA - St. Joseph, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PERIPHERAL CIRCULATORY COLLAPSE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) VIRUS INTESTIONAL INFLUENZA & HEPATITIS DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 9 DAYS 19 DAYS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 092x
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from JUNE 2, 1956 , to JUNE 20, 1956 , that I last saw the deceased alive on JUNE 20, 1956 , and that death occurred at 3:25 P m. , from the causes and on the date stated above.					
23a. SIGNATURE <i>E. J. Brown</i>		23b. ADDRESS 5105 KING HILL AVE ST. JOSEPH, MO.		23c. DATE SIGNED 6-22-56	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE JUNE 23, 1956	24c. NAME OF CEMETERY OR CREMATORY SHADY GROVE		24d. LOCATION (City, town, or county) (State) MACON, MO.	
DATE REC'D BY LOCAL REG. June 25, 1956	REGISTRAR'S SIGNATURE <i>Earl M. Addison</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Beatrice Gray</i>		ADDRESS 812 PACIFIC ST. ST. JOSEPH, MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Eric J. Blaney*
Licensed Embalmer No. *467*

P. O. Address *St. Joseph*

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.