

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23563
STATE FILE NUMBER

FILED JUL 16 1957

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Centralia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Columbia</u> 005 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hulow Nursing Home</u> Length of stay in 1b <u>7 weeks</u>		d. STREET ADDRESS (If outside, give location) <u>609 N. 6th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Taber</u> Middle <u>-</u> Last <u>Robison</u>			4. DATE OF DEATH Month <u>July</u> Day <u>7</u> Year <u>1957</u>
5. SEX <u>Male</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>Nov. 9 - 1875</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		100. KIND OF BUSINESS OR INDUSTRY <u>Electrician</u>	11. BIRTHPLACE (City and state or country) <u>Quedrin Co. Missouri</u>
13. FATHER'S NAME <u>Richard Robison</u>		14. MOTHER'S MAIDEN NAME <u>Mary Francis Logson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give only or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>702-09-0175</u>	17. INFORMANT <u>Mrs. Etta Robison, Centralia, Mo.</u> Address
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>Arteriosclerotic heart disease</u> <u>Generalized arteriosclerosis.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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 <u>Hour</u> <u>Month</u> <u>Day</u> <u>Year</u> <u>a. m.</u> <u>p. m.</u>			
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>5/14/57</u> to <u>7/6/57</u> and last saw <u>her</u> alive on <u>7/6/57</u> Death occurred at <u>4:15 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert L. Ward MD</u> (Degree or title)		22b. ADDRESS <u>Centralia, Mo.</u>	22c. DATE SIGNED <u>7/8/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>July-10-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>
24. FUNERAL DIRECTOR <u>Paul G. Ballou, Centralia, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>July-9-1957</u>	26. REGISTRAR'S SIGNATURE <u>Maud M. E. Bride</u>

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embolmer's Statement on Reverse Side)

NOV 2 1961

JUN 1 1961

JUN 1 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 *Paul G. Ballou*

Licensed Embalmer No. *42*

P. O. Address *Centralia,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.