

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39994

STATE FILE NUMBER

FILED DEC 13 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1165

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Springfield TOWN			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR Springfield TOWN			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 825 N. Brown INSTITUTION			Length of stay in 1b ?	d. STREET ADDRESS 825 N. Brown			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First NEAL Middle Last ROBINSON				4. DATE OF DEATH Month December Day 5 Year 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH June 8, 1902		9. AGE (In years last birthday) 55 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dattelman			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Bentonville, Ark.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Robinson				14. MOTHER'S MAIDEN NAME Maggie Gregory			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ?		17. INFORMANT Address Mrs. Pat Mahurin, Bentonville, Ark.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes Mellitus, severe						INTERVAL BETWEEN ONSET AND DEATH Not known	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b)	
						DUE TO (c)	
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"/> 2	
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.) 260X				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
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 Springfield, Missouri		COUNTY Greene	STATE Missouri
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at Unknown (Found dead in bed) _____ on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James R. Amos, M.D. (Degree or title)				22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 12-9-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/6/57	23c. NAME OF CEMETERY OR CREMATORY Bentonville, Cem.		23d. LOCATION (City, town, or county) (State) Bentonville, Arkansas			
24. FUNERAL DIRECTOR Burns Funeral Home, Bentonville, Ark.			ADDRESS		25. DATE RECD. BY LOCAL REG. 12-9-57	26. REGISTRAR'S SIGNATURE Edith Williams	

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 *J. H. McCann*
Licensed Embalmer No. 27
P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitute's 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.