

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010644

STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 167 Primary Registration District No. 3040 Registrar's No. 102

Health, Welfare
Public
Service

300
1-56

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Livingston</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe</u>		c. CITY OR TOWN <u>Braymor</u>		d. STREET ADDRESS (If outside, give location) <u>Reside on Farm</u>	
a. STATE <u>Mo.</u>		b. INSIDE LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. INSIDE LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. RESIDE ON FARM Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Susan Rosthomo</u>		Length of stay in lb <u>4 weeks</u>		d. STREET ADDRESS (If outside, give location) <u>Reside on Farm</u>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>ARTHUR</u>				Month <u>3</u>			
Middle <u>D.</u>				Day <u>20</u>			
Last <u>ROBINSON</u>				Year <u>1958</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>1/4/1874</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>0</u>	Hours <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (City and state or country) <u>Livingston Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Richard Robinson</u>				14. MOTHER'S MAIDEN NAME <u>Mary D. Dalo</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Bossio Robinson, Braymor, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chr. arteriosclerosis</u>							
DUE TO (c) _____						<u>331X</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 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.) <u>0</u>				
20c. TIME OF INJURY Hour a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from <u>2/22/58</u> to <u>2/20/58</u> and last saw him alive on <u>2/19/58</u> Death occurred at <u>9:20 p. m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>M. D. O. Chellioche Mo</u>				22b. ADDRESS <u>Chillicothe Mo</u>		22c. DATE SIGNED <u>2/24/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>3/22/1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Low Gap cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Carroll Co., Mo.</u>	
24. FUNERAL DIRECTOR <u>Michael Funeral Home, Braymor, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>9/24/58</u>		26. REGISTRAR'S SIGNATURE <u>Frances B. Nason</u>		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by _____, Student Embalmer No. _____
~~working under my personal supervision.~~

Student _____
Signature of Student Embalmer

Signed Geneb. Michael,

Licensed Embalmer No. 43

P. O. Address Braymer

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.