

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018941
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 184 Primary Registration District No. 5687 Registrar's No. 62

300
-57

1. PLACE OF DEATH a. COUNTY <i>Linn</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Linn</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Brookfield Township</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Brookfield</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Brookfield Township</i>		Length of stay in 1b <i>4 days</i>	d. STREET ADDRESS (If outside, give location) <i>Route 2</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>James Watson Robison</i>			4. DATE OF DEATH Month Day Year <i>May 23, 1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 5, 1882</i>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <i>75</i> Months <i>5</i> Days <i>18</i> Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer Postamt, Illinois</i>		11. BIRTHPLACE (City and state or country) <i>U. S. A.</i>	
13a. FATHER'S NAME <i>Henry U. Robison</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Ellen Scherineshorn</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>493-42-3112</i>		17. INFORMANT Address <i>Mrs. Mable Walsh, Brookfield, Missouri</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocarditis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>arterial hypertension</i> DUE TO (c) <i>444 X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>4 years</i>
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 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 COUNTY STATE	
21. I attended the deceased from <i>5-19-58</i> to <i>5-23-58</i> and last saw him alive on <i>5-21-58</i> Death occurred at <i>6:35</i> <i>PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>H. H. Potter</i> (Degree or title) <i>Dr</i>		22b. ADDRESS <i>Brookfield Mo</i>		22c. DATE SIGNED <i>5-24-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>May 25, 1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Rose Hill Cemetery</i>	
		23d. LOCATION (City, town, or county) <i>Brookfield, Missouri</i>		(State)	
24. FUNERAL DIRECTOR <i>Neil Funeral Home, Brookfield, Missouri</i> ADDRESS			25. DATE RECD. BY LOCAL REG. <i>5-26-58</i>		26. REGISTRAR'S SIGNATURE <i>Katharine Johnson Dep</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 30 1958

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 *Gerald T. Wadley*

Licensed Embalmer No. *4172*

P. O. Address *Brown*

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.