

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030074

FILED VS AUG 31 1959

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 48

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Putnam		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		a. STATE Mo.		b. COUNTY Putnam	
Length of stay in lb 1 day		c. CITY OR TOWN Unionville		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Grant st.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Monroe Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last				4. DATE OF DEATH Month Day Year			
Fred Haze Robinson				Aug, 23 1959			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-15-78	9. AGE (last birthday) 81	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Harrison Co., Mo.	Months 2	Days 8	Hours	Min.
13a. FATHER'S NAME Levi Robinson		13b. MOTHER'S MAIDEN NAME Kathern Lima		14. NAME OF HUSBAND OR WIFE Cora L. Robinson			
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. 44-542-28-3359		17. INFORMANT Cora L. Robinson-Unionville Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Degenerative Myocarditis							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic bronchial asthma							
DUE TO (c) Senility							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year					
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 8-31-59 to 8-23-59 and last saw him alive on 8-23-59 Death occurred at 5:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. W. McDonald MD				22b. ADDRESS Unionville, Mo.		22c. DATE SIGNED 8-24-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 8-25-59	23c. NAME OF CEMETERY OR CREMATORY Cox Cemetery		23d. LOCATION (City, town, or county) Adair Co., Mo.		(State)
24. FUNERAL DIRECTOR F.O. Husted & Son Unionville, Mo.			25. DATE RECD. BY LOCAL REG. 8-25-59		26. REGISTRAR'S SIGNATURE Marvell Durbin		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

Murl E. Heister

Licensed Embalmer No.

3304

P. O. Address

Ammonville

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.