URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–033394

STATE FILE NUMBER

FILED VS OCT 2 1959

NDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY Randolph	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Length of stay in 1b 50 yrs.	c. CITY OR TOWN Moberly — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Swetnam Rest Home So. 4th Street — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) Swetnam Rest Home — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Linnie Robinson	4. DATE OF DEATH Month Day Year: 9/21/59
5. SEX: female	6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 11/14/85
9. AGE (last birthday): 73	IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Boone Co., Mo.	12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William M. White	13b. MOTHER'S MAIDEN NAME: Eliza Ann Evans
14. NAME OF HUSBAND OR WIFE: J.E. Robinson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT: Ruth Swetnam — Address: Moberly, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hypo static pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis — unknown

DUE TO (c) —

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fractured hip. Aug 12, 1959 – Diabetis melitis. Duodenal Ulcer

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 Aug 12, 1959, to Sept 21, 1959 and last saw her alive on Sept 21, 1959

Death occurred at 11:35 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Benj. S. Jolly DO.	22b. ADDRESS: 203½ N. Clark Moberly Mo	22c. DATE SIGNED: 9-24-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 9/24/59	23c. NAME OF CEMETERY OR CREMATORY: Perche Cemetery
23d. LOCATION (City, town, or county) (State): SW of Clark, Mo.		
24. FUNERAL DIRECTOR ADDRESS: Marion F. Million Moberly, Mo.	25. DATE RECD. BY LOCAL REG.: 9-24-59	26. REGISTRAR'S SIGNATURE: Leah W Lowe

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3957

P. O. Address Moberly, Mo

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