

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 4 9 4

FILED VS. DEC 28 1959 156

Registration District No. 2001 Primary Registration District No. 2001 Registrar's No. 597

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY CHEROKEE			
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN		Length of stay in 1b 2 DAYS		c. CITY OR TOWN GALENA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1602 JOPLIN ST.	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES THEODORE ROBINSON				4. DATE OF DEATH Month Day Year 12 17 1959			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-15-59	
9. AGE (last birthday) Months Days Hours Min. 2		10a. DUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None (Infant)		11. BIRTHPLACE (City and state or country) JOPLIN, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JACK ROBINSON		13b. MOTHER'S MAIDEN NAME BETTY JONES		14. NAME OF HUSBAND OR WIFE	
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. NONE		17. INFORMANT JACK ROBINSON		Address Galena Kan.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Atelectasis						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) Incomplete Pulmonary Expansion						2 days	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 15 Dec '59 to 17 Dec '59 and last saw ^{her} him alive on 17 Dec '59 Death occurred at 9:30 am m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Robert Powell M.D.				22b. ADDRESS Galena, Kansas		22c. DATE SIGNED 17 Dec 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-18-59		23c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery		23d. LOCATION (City, town, or county) (State) Galena Kansas	
24. FUNERAL DIRECTOR Roy L Dersfelt		ADDRESS Galena Kan.		25. DATE RECD. BY LOCAL REG. 12-21-1959		26. REGISTRAR'S SIGNATURE Noel Merriam	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
BUREAU OF HEALTH
DIVISION OF ANATOMY AND PATHOLOGY
CERTIFICATE OF EMBALMING

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

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Ray L. Desfelt

Licensed Embalmer No. 4945

P. O. Address Galena, Kansas

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.