

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=60-002913**

FILED VS. FEB 9 1960

29.1

Primary Registration District No. 3056

Registrar's No. 24

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>RANDOLPH</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>RANDOLPH</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MOBERLY</b>		Length of stay in 1b		c. CITY OR TOWN <b>MOBERLY</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>417 N. 5TH</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>417 N. 5TH</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>L.</b> Last <b>CARR</b>				4. DATE OF DEATH Month <b>JANUARY</b> Day <b>30</b> Year <b>1960</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>SEPT. 14 1907</b>	9. AGE (last birthday) <b>53</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>EMBALMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FUNERAL HOME</b>		11. BIRTHPLACE (City and state or country) <b>MOBERLY, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>GEORGE T. CARR</b>			13b. MOTHER'S MAIDEN NAME <b>MAYME LOWERY</b>		14. NAME OF HUSBAND OR WIFE <b>GLADYS CARR</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>491-07-2587</b>		17. INFORMANT <b>MRS. ONITA JOHNSON MOBERLY, MO.</b> Address <b>417 N. 5TH</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary edema</b> DUE TO (b) <b>myocardial insufficiency</b> DUE TO (c) <b>Essential arterial hypertension</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b> <b>1 1/2 hours</b> <b>unknown</b>	
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 checked="" 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 checked="" 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 <b>Feb 1 1960</b> to _____ and last saw him alive on <b>Jan 30 1960</b> Death occurred at <b>3:45 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Clarence Clifton M.D.</b>			22b. ADDRESS <b>317 Virginia Avenue Moberly, Missouri</b>		22c. DATE SIGNED <b>1/30/60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>FEB 2, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OAKLAND CEMETERY</b>		23d. LOCATION (City, town, or county) <b>MOBERLY</b>		23e. STATE <b>MO</b>		
24. FUNERAL DIRECTOR <b>Edward E. Robinson</b>		ADDRESS <b>MOBERLY, MO</b>		25. DATE RECD. BY LOCAL REG. <b>1-30-60</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		

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 Edmund E. Robinson

Licensed Embalmer No. 4999

P. O. Address MOBILE, ALA.

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