

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010655

FILED VS. MAR 17 1960 132 Primary Registration District No. 3021 Registrar's No. 40

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Length of stay in lb 10 days.	c. CITY OR TOWN Trenton Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D. 4 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First VIVA Middle - Last Robinson			4. DATE OF DEATH Month Feb Day 24 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/5/1907	9. AGE (last birthday) 52	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) Home maker -		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) Livingston Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA.	

13a. FATHER'S NAME W.E. Prothero		13b. MOTHER'S MAIDEN NAME OMA MURRAY		14. NAME OF HUSBAND OR WIFE Ed. 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. -		17. INFORMANT Ed. Robinson Trenton Mo RR. 4 Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Angina Pectoris		INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

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		
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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 Trenton	COUNTY Grundy	STATE Mo
21. I attended the deceased from Feb 14/60 to Feb 24/60 and last saw her/him alive on Feb 24/60 Death occurred at 12:20 AM on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Oliver F. Duffy M.D.		(Design or title)	22b. ADDRESS Trenton Mo Feb 24/60		22c. DATE SIGNED Feb 24/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/26/60	23c. NAME OF CEMETERY OR CREMATORY Belburne cemetery		23d. LOCATION (City, town, or county) (State) R.F.D. Trenton, Mo.	
24. FUNERAL DIRECTOR Dorcas Blacknor Trenton, Mo.		ADDRESS DR. Oliver Duffy.	25. DATE RECD. BY LOCAL REG. 3-2-60	26. REGISTRAR'S SIGNATURE Jane Jain	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 17 1965

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 *Gordon Blackman*

Licensed Embalmer No. 4602

P. O. Address Trenton, N.J.

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.