

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH *Birth* **60-011570**

FILED VS MAR 28 1960

Registration District No. *264* Primary Registration District No. *4395* Registrar's No. *20* STATE FILE NUMBER *60-011970*

1. PLACE OF DEATH a. COUNTY OZARK			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE _____ b. COUNTY _____		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GAINESVILLE		Length of stay in 1b _____	c. CITY OR TOWN _____		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION GAINESVILLE CLINIC		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) _____		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BRENDA Middle GALE Last ROBBINS			4. DATE OF DEATH Month 3 Day 23 Year 1960		
5. SEX Fe.	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-22-60	9. AGE (last birthday)	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) GAINESVILLE	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME J.W. ROBBINS		13b. MOTHER'S MAIDEN NAME PATRICIA SORENSON		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT J.W. ROBBINS, GAINESVILLE 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) Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Aspiration of mucus at delivery DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH 1 hr. 10 hr.
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"/>		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____		
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 3/22/60 to 3/23/60 and last saw ^{her} him alive on 3/23/60 Death occurred at 4⁰⁰ A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Arthur L. Beard, M.D.			22b. ADDRESS Gainesville, Mo.		22c. DATE SIGNED 3/25/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-25-1960	23c. NAME OF CEMETERY OR CREMATORY MAMMOTH		23d. LOCATION (City, town, or county) (State) OZARK CO. MISSOURI
24. FUNERAL DIRECTOR CLINKINGBEARD, GAINESVILLE			25. DATE RECD. BY LOCAL REG. 3/26/60	26. REGISTRAR'S SIGNATURE Thana Mahan	

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

Not Embalmed

Signed

Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.