

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014200

FILED VS MAY 9 1960

DR. JOHN T. LOQUE 388
 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 266

STATE FILE NUMBER

DEED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in lb <u>2 Mo.</u>		c. CITY OR TOWN <u>Sturgeon</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>604 Mikee ST</u>				d. STREET ADDRESS (If outside, give location) <u>R.F.D.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Bordie</u> Middle <u>-</u> Last <u>Robinson</u>				4. DATE OF DEATH Month <u>May</u> Day <u>3</u> Year <u>1960</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>MAY-1-1882</u>		
9. AGE (last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>3</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Boone County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm Robinson</u>			13b. MOTHER'S MAIDEN NAME <u>Betty Gibson</u>			14. NAME OF HUSBAND OR WIFE <u>Mattie L. Robinson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>MRS. Bordie Robinson, Sturgeon, Mo.</u>		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) <u>Cerebral vascular thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>				
DUE TO (b) <u>Cerebral arteriosclerosis</u>				<u>years</u>				
DUE TO (c) <u>generalized arteriosclerosis</u>				<u>years</u>				
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 <u></u> s.m. <u></u> p.m. <u></u>		Month, Day, Year <u></u>						
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 <u>NOV 56</u> to <u>3 May 60</u> and last saw ^{her} him <u>April 20, 1960 appear</u> Death occurred at <u>8 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>John T. Loque MD</u> (Degree or title)				22b. ADDRESS <u>908 N.W. Ave. Columbia Mo.</u>		22c. DATE SIGNED <u>6 May 60</u>		
23. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<u>Burial</u>		<u>May-5-1960</u>		<u>Union Cemetery</u>		<u>Boone County, Missouri</u>		
24. FUNERAL DIRECTOR <u>Rose O. Bellew, Centralia, Mo.</u>				25. DATE RECEIVED BY LOCAL REG. <u>May 6 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lane J. Ballou

Licensed Embalmer No. 4206
P. O. Address Centerville, N

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.