

JRI-DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016390

FILED VS MAY 5 1960

Registration District No. 275 Primary Registration District No. 5938 Registrar's No. 80

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Arlington Township</u>		Length of stay in 1b <u>6 mo</u>		c. CITY OR TOWN <u>Newburg</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>3 miles South of Newburg</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rt 2 Newburg</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>William ALAN Robinson</u>				4. DATE OF DEATH Month Day Year <u>April 25 1960</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept 30, 57</u>	
9. AGE (last birthday) <u>6</u> Months <u>25</u> Days		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>			11. BIRTHPLACE (City and state or country) <u>Rolla Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Robert Robinson</u>				13b. MOTHER'S MAIDEN NAME <u>Childers</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>N/A</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Robert Robinson Rt2 Newburg</u>	
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>Pneumonia + strangulation</u> DUE TO (b) <u>Tricus infection - (Labor Pneumonia)</u> DUE TO (c) <u>-</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days -</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 Month, Day, Year a.m. p.m.							
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>April 25th 60</u> to <u>April 25th 60</u> and last saw her/him alive on <u>April 25, 60</u> Death occurred at <u>10:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Richard Myers</u> (Degree or title)				22b. ADDRESS <u>Newburg, Mo.</u>		22c. DATE SIGNED <u>April 26, 60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>April 27, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEMORIAL GARDEN</u>		23d. LOCATION (City, town, or county) (State) <u>South of Rolla Mo</u>	
24. FUNERAL DIRECTOR <u>Lee Johnson</u> ADDRESS <u>Newburg</u>				25. DATE RECD. BY LOCAL REG. <u>April 26, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	

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 ^{not} embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Lee Stranahan

Licensed Embalmer No. 5043

P. O. Address Newbury N

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.