

FILED VS MAY 23 1960

Registration District No. 291 Primary Registration District No. 5988 Registrar's No. 38 STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY <u>Putnam</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Elm Twp.</u> | | Length of stay in lb <u>Life</u> | c. CITY OR TOWN <u>Green Castle</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>Home 2 mi. W. Sidney</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Route 4</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Elsie</u> Middle <u>Ellen</u> Last <u>Robison</u> | | | 4. DATE OF DEATH <u>May 13, 1960</u> Month Day Year | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7/17/1884</u> | 9. AGE (last birthday) <u>75</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm home</u> | 11. BIRTHPLACE (City and state or country) <u>Sidney, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Thomas Roseberry</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Collins</u> | | 14. NAME OF HUSBAND OR WIFE <u>Amos Robison</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. Clyde Phipps, Green Castle, Mo.</u> Address | | |

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| 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>WIDESPREAD METASTATIC CARCINOMA</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>8-9 mo</u> |
| DUE TO (b) <u>CANCER OF STOMACH</u> | | |
| 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. | | |

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| 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 <u>Green Castle, Mo.</u> | COUNTY <u>Putnam</u> | STATE |
| 21. I attended the deceased from <u>11-27-59</u> to <u>3-21-60</u> and last saw her <u>alive</u> on <u>3-21-60</u> Death occurred at <u>11:45</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |

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| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>AS PER INFORMATION FROM NEAR & DEAR</u> | 22b. ADDRESS <u>[Address]</u> | 22c. DATE SIGNED <u>5-18-60</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>May 15, 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Lipp Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Putnam County, Mo.</u> |

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| 24. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>[Address]</u> | 25. DATE RECD. BY LOCAL REG. <u>5-21-60</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Handwritten notes at the top of the page, including "12-16-11" and other illegible scribbles.

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 Karl R. Kent

Licensed Embalmer No. 4689
P. O. Address Green City

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.