

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026336

FILED VS AUG 1 1960

Registration District No. 098 Primary Registration District No. 4165 Registrar's No. 71

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Waveress</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Waveress</i>				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>Gallatin, Mo.</i>		Length of stay in lb <i>2 mo.</i>		c. CITY OR TOWN <i>Jamesport</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Sullivan Rest Home</i>			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 Middle Last <i>LESLIE RUEL ROBINSON</i>				4. DATE OF DEATH Month Day Year <i>July 26 1960</i>				
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Sept 10 - 1886</i>	9. AGE (last birthday) <i>73</i>	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) <i>Farmer</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Waveress County, Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>	
13a. FATHER'S NAME <i>Quintus Robinson</i>			13b. MOTHER'S MAIDEN NAME <i>Martha Thomas</i>			14. NAME OF HUSBAND OR WIFE <i>Elise Robinson</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Mrs. Elise Robinson Jamesport Mo.</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis &</i> DUE TO (c) <i>Hypertension</i>						INTERVAL BETWEEN ONSET AND DEATH <i>480 min</i>		
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 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 COUNTY STATE		
21. I attended the deceased from <i>June 1 - 60</i> to <i>July 27 60</i> and last saw her him alive on <i>July 24 - 60</i> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>J. B. Bailey</i>				22b. ADDRESS <i>Jamesport, Mo.</i>			22c. DATE SIGNED <i>7-27-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>July 29 - 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Masonic</i>		23d. LOCATION (City, town, or County) (State) <i>Jamesport, Mo.</i>			
24. FUNERAL DIRECTOR ADDRESS <i>Chris S. Robinson Jamesport Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>30 July - 1960</i>		26. REGISTRAR'S SIGNATURE <i>Virgie Wangelhart</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 3 1960

AUG 4 1960

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 Robert N. Mahan

Licensed Embalmer No. 434

P. O. Address James

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.