

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031612

FILED VS SEP 14 1960

278

Primary Registration District No. 3054

Registrar's No. 114

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana		Length of stay in 1b 10 MO.	c. CITY OR TOWN Bowling Green Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Louisiana Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) West Centennial Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Benjamin Middle Brady Last Robinson			4. DATE OF DEATH Month Sept Day 5 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/27/1871	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant		10b. KIND OF BUSINESS OR INDUSTRY Service Station		11. BIRTHPLACE (City and state or country) Lincoln Co., Mo.		
10c. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Walter M. Robinson		13b. MOTHER'S MAIDEN NAME Sarah J. Stone		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 494-20-7202		17. INFORMANT Address Mrs. Claud Turnbull, Bowling Green, MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic		767 m
DUE TO (c) Cardiac Vascular Disease		
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 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 **4/12/58** to **9/5/60** and last saw ^{him} alive on **9/5/60**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas. H. Luedtke		22b. ADDRESS M.D. Louisiana, Missouri	22c. DATE SIGNED 9/6/60
23a. BURIAL, CREMATION, ETC. (Specify) Burial	23b. DATE Sept 7, 1960	23c. NAME OF CEMETERY OR CREMATORY Edgewood Cemetery	23d. LOCATION (City, town, or county) Edgewood, Mo.
24. FUNERAL DIRECTOR ADDRESS Sterne Funeral Home, Louisiana, Mo.		25. DATE RECD. BY LOCAL REG. Sept 10 1960	26. REGISTRAR'S SIGNATURE Bernice Collier

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

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 J. B. Stencil

Licensed Embalmer No. 4039

P. O. Address Louisia

- 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.

of, on behalf, and in presence of.