

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042937

FILED VS DEC 12 1960

Registration District No. 245 Primary Registration District No. 5834 Registrar's No. 129

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Granby		Length of stay in 1b years	c. CITY OR TOWN Granby Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Rt #1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS Rt #1 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Thamas Middle William Last Robinson			4. DATE OF DEATH Month December Day 2 Year 1960		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-17-1876	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman & Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Diamond, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Gus Robinson	13b. MOTHER'S MAIDEN NAME Hulda Greer	14. NAME OF HUSBAND OR WIFE Lydia Robinson
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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. 486-42-4336	17. INFORMANT Mrs. Lydia Robinson Granby, Mo.	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) Medullary failure		INTERVAL BETWEEN ONSET AND DEATH 5 min. over 2 mos. over 3 mos.
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.	DUE TO (b) Basilar encephalomalacia	
	DUE TO (c) Arteriosclerosis	

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 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 12 a.m. 12 p.m.	Month, Day, Year 9 - 11 - 60	
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 **9 - 11 - 60** to **12 - 1 - 60** and last saw her/him alive on **12/1/1960**
Death occurred at **12:15** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles O. Chester D.O.	22b. ADDRESS Granby, Mo.	22c. DATE SIGNED 12/4/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-4-1960	23c. NAME OF CEMETERY OR CREMATORY Powers Cemetery	23d. LOCATION (City, town, or county) (State) Papsin, Missouri
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24. FUNERAL DIRECTOR Shewmake Funeral Home Granby, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12/4/1960	26. REGISTRAR'S SIGNATURE Delvin C. Bowman, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

By Re.

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 Floyd E. Sheumaker

Licensed Embalmer No. 4923
P. O. Address Box 58 Granby

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.