

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002317

FILED VS JAN 17 1961

227

Primary Registration District No. 5804 Registrar's No. 1

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

<b>1. PLACE OF DEATH</b> a. COUNTY <u>MONROE</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>JACKSON</u> Length of stay in lb <u>4.5 YRS.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 MI S.W. OF PARIS, MO.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MONROE</u> c. CITY OR TOWN <u>JACKSON, TWP.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS <u>6 MI. S.W. OF PARIS, MO. RFD 3 PARIS, MO</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>CLARENCE M. ROBINSON</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>JAN. 10, 1961</u>			
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>2/23/90</u>	<b>9. AGE (last birthday)</b> <u>70</u>	<b>IF UNDER 1 YEAR</b> Months <u>10</u> Days <u>17</u>	<b>IF UNDER 24 HR</b> Hours <u>-</u> Min. <u>-</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>GENERAL FARMING</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>KNOXVILLE, IDWA.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
<b>13a. FATHER'S NAME</b> <u>CHARLEY M. ROBINSON</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>INDIANA HELLUM</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>KATHLEEN ROBINSON</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			<b>17. INFORMANT</b> <u>KATHLEEN ROBINSON</u> Address <u>R.F.D. #3 PARIS, MO.</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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					INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u>	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. _____ Month, Day, Year _____						
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE		
<b>21. I attended the deceased from</b> <u>Jan 1 - 6</u> <b>to</b> <u>Jan 10</u> <b>and last saw him alive on</b> <u>Jan 10 - 6</u> Death occurred at <u>3:25 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) <u>[Signature]</u>			<b>22b. ADDRESS</b> <u>PARIS, MO.</u>		<b>22c. DATE SIGNED</b> <u>1/11/61</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u>		<b>23b. DATE</b> <u>1/12/1961</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>WALNUT GROVE</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>PARIS, MO.</u>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>E.H. AGNEW PARIS, MO.</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>1-11-61</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	

JAN 25 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. M. Digney

Licensed Embalmer No. 4000

P. O. Address Paris, Mo.

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.