

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004373

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 1

AMENDED FILED V

JAN 24 1961

DATE AMENDED

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Texas</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Shoreland</u>	Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Licking</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		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>5 mi E. of Licking MO</u>

3. NAME OF DECEASED (Type or print) First Middle Last <u>James Guy Robinson</u>			4. DATE OF DEATH Month Day Year <u>Jan 11, 1961</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-23-1901</u>	9. AGE (last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Texas Co MO</u>	11. BIRTHPLACE (City and state or country) <u>Texas Co MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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15a. FATHER'S NAME <u>Albert Robinson</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Flynn</u>	14. NAME OF HUSBAND OR WIFE <u>Blanche Robinson</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Blanche Robinson</u>	Address <u>Licking MO</u>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac + pulmonary arrest</u> DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Coronary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
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.)
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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 <u>Dead on arrival</u>	COUNTY <u>Licking</u>	STATE <u>MO</u>
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21. I attended the deceased from <u>Dead on arrival</u> to <u>9:35 a</u> and last saw her/him alive on <u>9:35 a</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>B. J. Myers, D.O.</u>	(Degree or title)	22b. ADDRESS <u>Licking, MO</u>	22c. DATE SIGNED <u>1-13-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-13-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shaker Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Texas Co MO</u>
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24. FUNERAL DIRECTOR <u>Smith & Ferguson</u>	ADDRESS <u>Licking MO</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 17, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Elvora Hesse</u>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Robert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Fickling 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.