

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012297

Registration District No. 381 Primary Registration District No. 4513 Registrar's No. 29

STATE FILE NUMBER

AMENDED

FILED APR 10 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Sullivan		a. STATE Missouri	b. COUNTY Sullivan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Green Castle	Length of stay in 1b 10 yrs.	c. CITY OR TOWN Green Castle	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own home	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) No street address	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Cassie	Middle Jane	Last Robison	4. DATE OF DEATH	Month April	Day 3	Year 1961
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5. SEX Female	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 2-14-1881	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Farm home	11. BIRTHPLACE (City and state or country) Putnam County, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Isaac Turnmire	13b. MOTHER'S MAIDEN NAME Mary Harlan	14. NAME OF HUSBAND OR WIFE Stephen Robison
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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. None	17. INFORMANT Stephen Robison, Green Castle, 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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary thrombosis	1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	5 yrs
	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
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from Jan 1950 to April 3-61 and last saw her live on April 30-1961
Death occurred at April 3-61 4 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>H. Garrison M.D.</i>	(Degree or title)	22b. ADDRESS <i>Younger Mo.</i>	22c. DATE SIGNED 4-4-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 5, 1961	23c. NAME OF CEMETERY OR CREMATORY Cox Cemetery	23d. LOCATION (City, town, or county) Adair County, Mo.	(State)
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24. FUNERAL DIRECTOR <i>Oliver E. Featador, Green Cty. Mo.</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. 4-7-61	26. REGISTRAR'S SIGNATURE <i>Mrs. M. W. Beckett</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.