

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017132

AMENDED

Registration District No. 128Primary Registration District No. 2000Registrar's No. 5332

STATE FILE NUMBER

DATE AMENDED		INSTEAD OF		DOCUMENT		MEDICAL CERTIFICATION		BY AFFIDAVIT OF			
<p>Registration District No. <u>128</u> Primary Registration District No. <u>2000</u> Registrar's No. <u>5332</u> STATE FILE NUMBER</p> <p>FILED JUN 12 1961</p>											
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
a. COUNTY <u>Greene</u>					a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>				Length of stay in lb <u>6 days</u>		c. CITY OR TOWN <u>Mountain Grove</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Springfield Baptist</u>					Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>321 Oakland</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)					4. DATE OF DEATH						
First <u>Golda</u> Middle <u>(None)</u> Last <u>Robinett</u>					Month <u>May</u> Day <u>25</u> Year <u>1961</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-18-1888</u>		9. AGE (last birthday) <u>73</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Co</u>		11. BIRTHPLACE (City and state or country) <u>Mtn. Grove, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>James H. Robinett</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah Lee</u>				14. NAME OF HUSBAND OR WIFE <u>None</u>			
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. <u>Unknown</u>		17. INFORMANT Address <u>Gen. Paul Robinett Mtn. Grove, Missouri</u>					
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) <u>Encephalomalacia, left cerebral hemisphere</u>										<u>30 days</u>	
DUE TO (b) <u>thrombosis, left internal Carotid</u>										<u>30 days</u>	
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"/> N. <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.		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		COUNTY		STATE		
21. I attended the deceased from <u>Nov 59</u> to <u>May 25, 1961</u> and last saw her <u>25 May 61</u> Death occurred at <u>2:52 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>J. Callaway Jr. MD</u> (Degree or title)					22b. ADDRESS <u>Springfield, Mo</u>			22c. DATE SIGNED <u>2 June 61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county)		23e. STATE		
<u>Burial</u>		<u>5-28-1961</u>		<u>Hill Crest Cemetery</u>			<u>Mtn. Grove, Missouri</u>				
24. FUNERAL DIRECTOR ADDRESS <u>Ewell C. Craig Mtn. Grove, Missouri</u>					25. DATE RECD. BY LOCAL REG. <u>6-2-61</u>		26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>				

(Licensed Embalmer's Statement on Reverse Side)

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 Gene B. Acosta

Licensed Embalmer No. 4739

P. O. Address Spfld. 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.