

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-021596

STATE FILE NUMBER

AMENDED

FILED JUN 27 1961

Primary Registration District No. 246 3026 Registrar's No. 328

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY BARRY							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE		Length of stay in lb 3 weeks		c. CITY OR TOWN PURDY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEP. SAN. & HOSP. D.O.A.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.R. # 2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First DONALD Middle RAY ROBERTSON ^{son}				4. DATE OF DEATH Month JUNE Day 21 Year 1961							
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-21-1944		9. AGE (last birthday) 17		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10b. KIND OF BUSINESS OR INDUSTRY CORNELL ROOFING CO.			11. BIRTHPLACE (City and state or country) ECTER, TEXAS		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME ARLIE ROBINSON				13b. MOTHER'S MAIDEN NAME BESSIE ALLEN				14. NAME OF HUSBAND OR WIFE NONE			
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.		17. INFORMANT Address Arlie Robinson, R.R. # 2, Purdy, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock & Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rupture of Mesenteric Artery DUE TO (c) & Abdominal Aorta										INTERVAL BETWEEN ONSET AND DEATH	
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 checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Caught between truck &							
20c. TIME OF INJURY Hour 6 a.m. 21 Month 6 Day 1961 Year		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> pile of Concrete Blocks									
20e. PLACE OF INJURY (i.e., in or about home, farm, factory, street, office bldg., etc.) Cornell Roofing Co Independence Jackson MO				20f. CITY, TOWN, OR LOCATION INDEPENDENCE				COUNTY JACKSON		STATE MO	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Hugh Owens Coroner						22b. ADDRESS 157 Union Station			22c. DATE SIGNED 6-21-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 6-21-61		23c. NAME OF CEMETERY OR CREMATORY -----		23d. LOCATION (City, town, or county) WHEATON, MISSOURI		23e. (State)			
24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO.				ADDRESS		25. DATE RECD. BY LOCAL REG. 6-21-61		26. REGISTRAR'S SIGNATURE Alba L. Craig			

JUN 30 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 J. T. Crowell

Licensed Embalmer No. 4904

P. O. Address 26 E. 7th

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.