

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-024369

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 286

AMENDED

FILED JUL 17 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Ill</b> b. COUNTY <b>Union</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		Length of stay in 1b <b>2 days</b>		c. CITY OR TOWN <b>Anna</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR <del>X</del> <b>Southeast Hosp.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>609 S. Main St</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Richard</b> Middle <b>Everett</b> Last <b>Robinson, Jr</b>				4. DATE OF DEATH Month <b>July</b> Day <b>12th</b> Year <b>1961</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>July 10 1961</b>		9. AGE (last birthday) IF UNDER 1 YEAR Months <b>2</b> Days <b>2</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and state or country) <b>Cape Girardeau, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>Richard Everett Robinson, Sr</b>			13b. MOTHER'S MAIDEN NAME <b>Kathryn Kelley</b>			14. NAME OF HUSBAND OR WIFE <b>none</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>X Lousa Robinson, Anna, Ill</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory distress Syndrome</b> DUE TO (b) <b>Prematurity</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>CEREBRAL ATROPHY (autopsy)</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 days</b>		
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)				
20c. TIME OF INJURY Hour <b>12:28</b> a.m. <b>12:28</b> p.m.			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 <b>10 July 1961</b> to <b>12 July 1961</b> and last saw him alive on <b>12 July 1961</b> Death occurred at <b>12:28 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>James A. Kinder M.D.</b>					22b. ADDRESS <b>Cape Girardeau MO</b>		22c. DATE SIGNED <b>13 July 61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-13-1961</b>		23c. NAME OF CEMETERY OR CREMATORIA <b>Anna</b>		23d. LOCATION (City, town, or county) (State) <b>Anna Ill</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Norma &amp; Son, Carl Morris Jonesboro, Ill</b>				25. DATE RECD. BY LOCAL REG. <b>7-13-61</b>		26. REGISTRAR'S SIGNATURE <b>Dena Kasten</b>			

**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 Earl Heiss, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Earl Heiss

Licensed Embalmer No. 6688

P. O. Address Jonesboro

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.