

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030257

STATE FILE NUMBER

AMENDED

Registration District No. 273 Primary Registration District No. --- Registrar's No. 99

FILED SEP 11 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Perry</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Central Twp.</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Perry</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.I.</u>		Length of stay in 1b Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Perryville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First Middle Last		4. DATE OF DEATH		Month Day Year	
<u>Charles Andrew Robinson</u>				<u>August 24, 1961</u>			
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	
<u>Male</u>	<u>White</u>		<u>Feb. 2, 1871</u>	<u>90</u>	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
<u>Retired Farmer</u>		<u>Agriculture</u>		<u>Perry County, Mo.</u>		<u>U.S.A.</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
<u>Wash Robinson</u>		<u>Unknown</u>		<u>Sophia Robinson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT			
<u>No</u>				<u>Ed. Robinson, Perryville, Mo.</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>Skull fracture</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
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	
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.)					
		<u>FELL-DOWN-BASEMENT-STAIRS</u>					
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
		<u>Home</u>		<u>R#1 PERRYVILLE</u>		<u>Perry</u>	<u>Mo.</u>
21. I attended the deceased from <u>Death of Perry County, Mo.</u> to <u>and last saw him alive on <u>Death of Perry County, Mo.</u></u>				Death occurred at <u>7:50 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title)			22b. ADDRESS			22c. DATE SIGNED	
<u>[Signature]</u> <u>Sheriff of Perry County, Mo.</u>			<u>Perryville, Mo.</u>			<u>8/25/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)	
<u>Burial</u>		<u>Aug. 28, 1961</u>		<u>Mt. Hope Cem.</u>		<u>Perryville, Mo.</u>	
24. EMBLEMER'S DIRECTOR			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE		
<u>Albert Bey, Perryville, Mo.</u>			<u>8-26-61</u>		<u>Joe J. Zeller</u>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

