

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-020473
STATE FILE NUMBER

AMENDED

Registration District No. 314 Primary Registration District No. 6066 Registrar's No. 35

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>St. Clair Co.</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Roscoe rural</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Jackson</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>12 M-W-COLLINS</u>		Length of stay in lb		c. CITY OR TOWN <u>Buckner</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First <u>Robert</u> Middle <u>Kelly</u> Last <u>Robinson</u>		4. DATE OF DEATH		Month <u>August</u> Day <u>16</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-10-1916</u>	9. AGE (last birthday) <u>45</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Assembly Line worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chev. Motor Co</u>		11. BIRTHPLACE (City and state or country) <u>Chamois, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John G. Robinson</u>			13b. MOTHER'S MAIDEN NAME <u>Maude Griffin</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred W. 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 Address <u>Mildred W. Robinson, Buckner, 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 <u>Swollen</u>	
IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>							
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 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 _____ 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>5:00</u> p. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>James B. Beaudry</u> (Degree or title)				22b. ADDRESS <u>Roscoe Mo</u>		22c. DATE SIGNED <u>8-17-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>8-16-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Buckner Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Buckner Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Guinn-Carothers, El Dorado Spgs. Mo</u>				25. DATE RECD. BY LOCAL REG. <u>8-18-61</u>		26. REGISTRAR'S SIGNATURE <u>Paul H. Sewers</u>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1961 OCT 100
APR 25 1962

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 Joseph E. Crutcher

Licensed Embalmer No. 4419

P. O. Address Edwards Spring

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.