

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-032141

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 397

STATE FILE NUMBER

AMENDED

FILED OCT 9 1961

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau	Length of stay in 1b 35 yrs.	c. CITY OR TOWN Cape Girardeau	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Vine St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Aaron Middle Robinson Last	4. DATE OF DEATH Month Sept. Day 27, Year 1961
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5. SEX Male	6. COLOR OR RACE Col.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/18/1914	9. AGE (last birthday) 47	IF UNDER 1 YEAR Months 48 Days 12 Hours 0 Min.	IF UNDER 24 HR Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Clarksdale, Ark.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Willie Robinson	13b. MOTHER'S MAIDEN NAME Lizzie James	14. NAME OF HUSBAND OR WIFE Venisha Robinson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. II.	17. INFORMANT Address Cape Girardeau, Mo. Mrs. Willie Mae Miller, Vine St., Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal obstruction		INTERVAL BETWEEN ONSET AND DEATH 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Gangrenous ileum (segment) 48 hrs	
	DUE TO (c) Prolonged Hypoxia & Low B.P. 4 days	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Stab wound (1") left Scapular & left Jugular vein	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
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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"/> (?) Stabbed behind left clavicle by unknown party	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY 2 a.m. Sept 23, 1961 Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Street?	20f. CITY, TOWN, OR LOCATION Cape Girardeau, Mo. COUNTY Cape STATE Mo.
21. I attended the deceased from 9-23-61 to 9-27-61 and last saw him alive on 9-27-61 Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Frank Y Hall M.D.	22b. ADDRESS Cape Girardeau, Mo.	22c. DATE SIGNED 9-29-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 1, 1961	23c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery	23d. LOCATION (City, town, or county) Cape Girardeau, Mo. (State)
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24. FUNERAL DIRECTOR ADDRESS L.R. Sparks Cape Girardeau, Mo.	25. DATE RECD. BY LOCAL REG. 10-4-61	26. REGISTRAR'S SIGNATURE Jerry Kasten
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

OCT 10 1961

JAN 23 1962

NOV 3 1961

SEP 25 1963

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 Louis Robert Jones

Licensed Embalmer No. 5132

P. O. Address Charleston

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.