

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045533

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 194 STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY Macon b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon Length of stay in 1b D-O-A c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Samaritan Hosp. Inside Limits Yes [x] No [] d. STREET ADDRESS (If outside, give location) 613 Sunset Drive Reside on Farm Yes [] No [x]

3. NAME OF DECEASED (Type or print) First Middle Last Lloyd Leslie Robison 4. DATE OF DEATH Month Day Year Dec. 5, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married [x] Never Married [] Widowed [] Divorced [] 8. DATE OF BIRTH 4/17/1902 9. AGE (last birthday) 59 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer still-Hildreth 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and state or country) Macon 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Peter Robison 13b. MOTHER'S MAIDEN NAME Amerillo Boggs 14. NAME OF HUSBAND OR WIFE Claudia Robison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1920-1921 INFORMANT Address Claudia Robison Macon, 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) Acute myocardial infarction INTERVAL BETWEEN ONSET AND DEATH within

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. [] Yes [] No [] Unknown

19. WAS AUTOPSY PERFORMED? YES [] NO [x] 20a. ACCIDENT [] SUICIDE [] HOMICIDE [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [x] 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 8:45 to Am on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at

22a. SIGNATURE Carl P. Pipher M.D. (Degree or title) 22b. ADDRESS Macon, Mo 22c. DATE SIGNED 12/11/61 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 7, 1961 23c. NAME OF CEMETERY OR CREMATORY Hillcrest M. Gardens 23d. LOCATION (City, town, or county) Macon, Mo.

24. GENERAL DIRECTOR Lester Sutton ADDRESS Macon, Mo. 25. DATE RECD. BY LOCAL REG. 12/15/61 26. REGISTRAR'S SIGNATURE Keith DeNeely

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

APR 17 1962

MAR 13 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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macow, Mo.

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.