

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020106

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No.        Registrar's No. 223

VS 300  
Rev. 4/59

1 0940

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 29 1962

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Francois Township</b>		Length of stay in lb <b>5M; 3 days</b>		c. CITY OR TOWN <b>Bloomfield</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital No. 4</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Unk.</b>
3. NAME OF DECEASED (Type or print) First <b>GERTRUDE</b> Middle <b>M.</b> Last <b>ROBINSON</b>			4. DATE OF DEATH Month <b>May</b> Day <b>21</b> Year <b>1962</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <b>Dec. 23, 1892</b>		9. AGE (last birthday) <b>69</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>28</b> IF UNDER 24 HR Hours <b>      </b> Min. <b>      </b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Puxico, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			13a. FATHER'S NAME <b>Bert McDonald</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Watham</b>
14. NAME OF HUSBAND OR WIFE <b>John Michael Robinson</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>Unknown</b>			17. INFORMANT Address <b>Records, State Hosp. #4, Farmington, Mo.</b>		
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) <b>Lobar pneumonia, right lower lobe - - - - -</b>					<b>5 das.</b>
DUE TO (b) <b>      </b>					
DUE TO (c) <b>      </b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Schizophrenic reactions - - - - - Abt. 17 years.</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>      </b> a.m. <b>      </b> p.m. Month, Day, Year <b>      </b>					
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>May 16, 1962</b> to <b>May 21, 1962</b> and last saw her <del>him</del> alive on <b>May 21, 1962</b>					
Death occurred at <b>1:20 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>John A. Brennan MD</b>			22b. ADDRESS <b>State Hospital No. 4, Farmington, Missouri</b>		22c. DATE SIGNED <b>5-22-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 23, 1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Bloomfield, Mo.-Stoddard County</b>				(State)	
24. FUNERAL DIRECTOR ADDRESS <b>Chiles Funeral Home, Bloomfield, Missouri</b>			25. DATE RECD. BY LOCAL REG. <b>May 23, 1962</b>		26. REGISTRAR'S SIGNATURE <b>Eather Rudloff</b>

USE BLACK INK OR TYPEWRITER RIBBON

DEC 18 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 *Reu. M. Dejean*

Licensed Embalmer No. 4120

P. O. Address Farmingdale

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.