

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025990

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 032 Primary Registration District No. \_\_\_\_\_ Registrar's No. 54

FILED JUL 31 1962

VS 300  
Rev. 4/59

0090  
20090

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>BOLLINGER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>BOLLINGER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PATTON</b>		Length of stay in 1b <b>30 YEARS</b>	c. CITY OR TOWN <b>PATTON</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Patton, Mo.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ELMER</b> Middle <b>C.</b> Last <b>ROBINSON</b>			4. DATE OF DEATH Month <b>JULY</b> Day <b>21</b> Year <b>1962</b>
5. SEX <b>m</b>	6. COLOR OR RACE <b>w</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>JAN. 22 1897</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MERCHANT</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>65</b> IF UNDER 1 YEAR: Months <b>5</b> Days <b>29</b> IF UNDER 24 HR: Hours <b>2</b> Min.
11a. BIRTHPLACE (City and state or country) <b>PATTON, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>W. H. ROBINSON</b>		13b. MOTHER'S MAIDEN NAME <b>MARY STEAKLEY</b>	
14. NAME OF HUSBAND OR WIFE <b>ODESSA ROBINSON</b>		17. INFORMANT <b>MRS. ODESSA ROBINSON, PATTON, MO.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES W.W. I 1918-1919</b>		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <b>Crown Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>	
DUE TO (b) <b>Arteriosclerosis</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 _____ 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 _____
21. I attended the deceased from _____ to <b>7/2/62</b> and last saw <sup>her</sup> <del>him</del> <del>them</del> on <b>dead 7/2/62</b> Death occurred at <b>6 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John J. Myers MD</i>		22b. ADDRESS <i>Lutesville, Mo.</i>	
22c. DATE SIGNED <b>7/21/62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JULY 23, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>PATTON CEM.</b>	23d. LOCATION (City, town, or county) <b>PATTON Mo.</b>
24. FUNERAL DIRECTOR <b>BAKER FUNERAL HOME, Lutesville, Mo.</b>	ADDRESS	25. DATE REC'D. BY LOCAL REG. <b>7/23/62</b>	26. REGISTRAR'S SIGNATURE <i>Thos Buford Crader</i>

USE BLACK INK OR TYPEWRITER RIBBON

AUG 3 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 Edw. A. Graham, Student Embalmer No. 645

working under my personal supervision.

Student Edw. A. Graham  
Signature of Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.