

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014643

STATE FILE NUMBER

Registration District No. 39-1 Primary Registration District No. 4575 Registrar's No. 29

**FILED MAR 25 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Sullivan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Milan</b>		Length of stay in 1b <b>12 days</b>		c. CITY OR TOWN <b>Green Castle</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>Sullivan Co. Memorial Hosp.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>No street address</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Stephen</b> First Middle Last <b>Robison</b>			4. DATE OF DEATH Month Day Year <b>March 19 1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/20/1877</b>	9. AGE (last birthday) <b>85</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General farming</b>		11. BIRTHPLACE (City and state or country) <b>Putnam Co., Mo.</b>	
13a. FATHER'S NAME <b>George Robison</b>		13b. MOTHER'S MAIDEN NAME <b>Edna Shaver</b>		14. NAME OF HUSBAND OR WIFE <b>Cassie Jane Robison Deceased</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.		17. INFORMANT <b>Norris Robison, Eldora, Iowa</b> Address	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchial Pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) <b>Myocarditis</b>					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 a.m. p.m.		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 <u>3-7-63</u> to <u>3-19-63</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>3-19-63</u> Death occurred at <u>5 #</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>V. Robison</i> (Degree or title) <u>DO</u>			22b. ADDRESS <u>Milan, Mo.</u>		22c. DATE SIGNED <u>3-19-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Mar. 21, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cox Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Adair County, Mo.</b>
24. FUNERAL DIRECTOR <i>Glenn E. Kent</i> ADDRESS <i>Green City, Mo.</i>			25. DATE RECD. BY LOCAL REG. <u>3-21-63</u>	26. REGISTRAR'S SIGNATURE <i>Mrs. M.W. Beebett</i>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.