No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 4 1949

State File No. 8096

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 282

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
c. LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ~~Monett~~ Mo
b. COUNTY Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Monett
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) R
c. (Last) Robbins

4. DATE OF DEATH (Month) Mar (Day) 25 (Year) 1949

5. SEX Male
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH Sept 2, 1861
9. AGE (In years last birthday) 87 — If under 1 year: Months 6 Days 23 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Cornelius Robbins
13b. MOTHER'S MAIDEN NAME Jennette Gandall
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Lilly B McElhaney ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Thrombosis right popliteal artery	3 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Arteriosclerosis	20 yrs.
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Congestive heart failure	2 wks
	Prostatic Hypertrophy	10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 45
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Springfield (COUNTY) Greene (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ✓

22. *I hereby certify that I attended the deceased from* Mar 14, 1949, *to* Mar 25, 1949, *that I last saw the deceased alive on* Mar 25, 1949, *and that death occurred at* 4:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Harry A Hilsley MD
23b. ADDRESS 609 Cherry St
23c. DATE SIGNED Mar 26 49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 27
24c. NAME OF CEMETERY OR CREMATORY New Site Cemeter
24d. LOCATION (City, town, or county) Southwest Monett (State) Mo

DATE REC'D BY LOCAL REG. 3/28/49
REGISTRAR'S SIGNATURE W. E. Handley MD
25. FUNERAL DIRECTOR'S SIGNATURE Bennett + Wormington ADDRESS Monett Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed [illegible] Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4213

P. O. Address Monett, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.