

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH22637
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>839</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) township) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1005 N. 3rd</u>				d. STREET ADDRESS (If rural, give location) <u>1005 N. 3rd.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elvira</u>			b. (Middle) <u>Frances</u>		c. (Last) <u>Robbins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 28, 1949</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 6, 1909</u>		9. AGE (In years last birthday) <u>40</u>	10. UNDER 1 YEAR Months <u>4</u> Days <u>22</u>	11. UNDER 18 YRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Walter Wade Chestnut</u>			13b. MOTHER'S MAIDEN NAME <u>Spicie Ellen</u>		14. NAME OF HUSBAND OR WIFE <u>Andrew Robbins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Andrew Robbins 1005 N. 3rd.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION <u>St. Joseph, Mo.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>				DUE TO (b) <u>Angina and heart indigestion</u>		DUE TO (c) <u>Woman died suddenly while alone in her home. She had been down town during the afternoon, she returned to her home while the family were away when they returned.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>she returned to her home while the family were away when they returned.</u>						
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., for about home, farm, factory, street, office bldg., etc.)		20c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		20d. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>noon</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>she fell</u>				
22. I hereby certify that I attended the deceased from <u>on 7/28, 1949</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>H. F. Mundy M.D. (Coroner)</u>				23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>7/29/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 30, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Aug 5, 1949</u>		REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u>		382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hester Brown Funeral 319 S. 10th St. Joseph Mo.</u>		
(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.

Student
Student Embalmer

Signed *James B. Hawkins*

Licensed Embalmer No. *4536*

P. O. Address *319 S 10th St. Fargo*

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

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